

RN

FEBRUARY 1960



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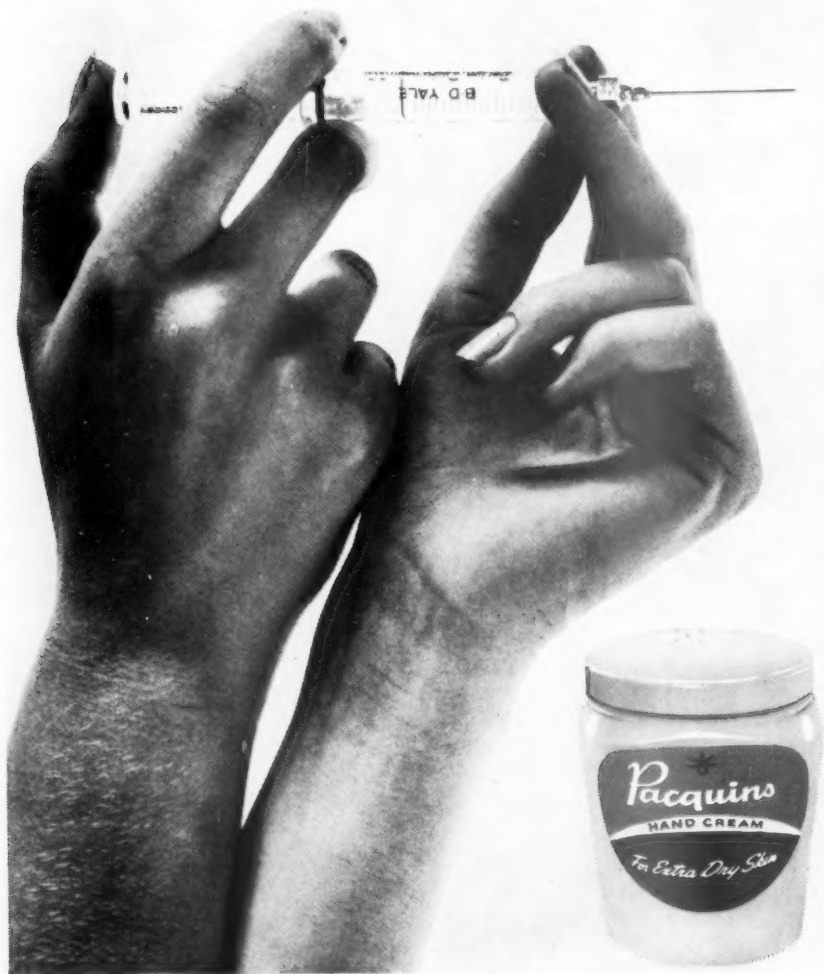
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— MORE ►

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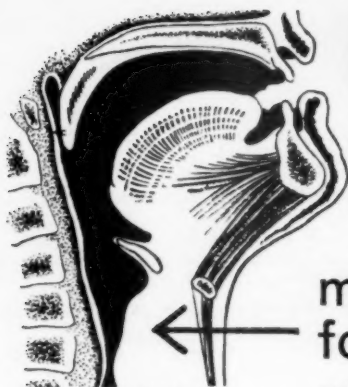
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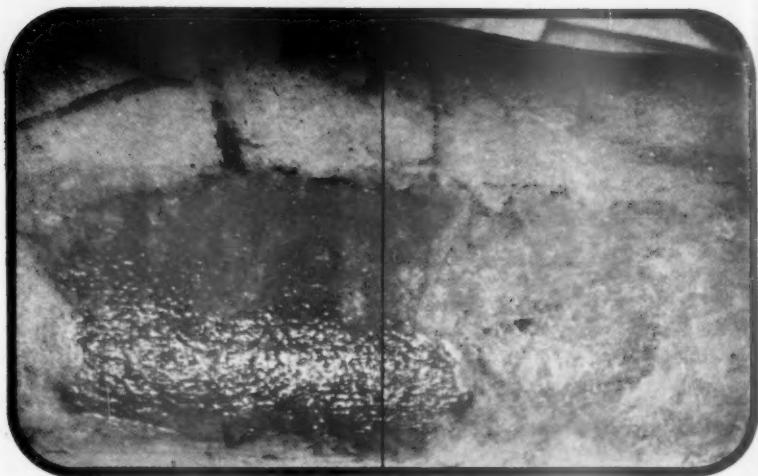
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Jeffords, J. V., and Hagerty, R. F.: *Ann. Surg.* 145:169, 1957

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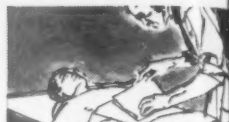
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For the first time in aseptic technique, a packaged dressing approaches the ideal. It is known as the S-E Pack.

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With this surprisingly simple wrap, one motion of the hand opens the package and presents a completely aseptic gauze or cover sponge. It touches neither hands nor unsterile surfaces, not even a torn edge of the package. No strings, no scissors. You merely pull a tab.

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(1) Brownlee, George: A Comparison of Antiphretic Activity and Toxicity of Phenacetin and Aspirin, Quar. J. of Pharmacy and Pharmacology, 10:609-620.

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RN *letters*

LAUGHED AT

DEAR EDITOR: Some M.D.-employers are inclined to laugh at the list of employment conditions (salary scale, benefits, etc.) which the A.N.A. suggests for office nurses. Some even jokingly refer to it as "the union's list."

How can we get such doctors to change their attitude? What do your readers suggest?

Eleanor H. Richard, R.N.
Westport, Conn.

BELL-RINGER

DEAR EDITOR: The following birth notice in a local newspaper suggests that medical history has been made in our little hospital:

KOGL, Mr. and Mrs. Clemens,
Culbertson, boy, Timothy Alan,
88 lbs. 15 oz. . . .

Sister M. Adeline, O.P.
McCook, Neb.

SCRUB, NURSE, SCRUB!

DEAR EDITOR: The only way to become an efficient scrub nurse is to scrub often. The oftener the better.

That's why I can't agree with those who predict that the R.N. will eventually scrub for complex surgery only.

If she scrubs just at those times, surgeons will begin to favor the O.R. technician for complex as well as simple surgery. Why? Because by scrubbing regularly, the technician will become more efficient than the nurse!

Lest that happen, let's give the R.N. as much scrub time as possible.

Jeanne A. Tefft, R.N.
Wapping, Conn.

JUNIOR'S SHOTS

DEAR EDITOR: Clinic and office nurses are often in a quandary when small fry whom they've never seen before are brought in for follow-up shots.

In most cases, the mother can't produce a record of previous shots, and her memory is often faulty.

Mrs. Jones, for example, isn't sure whether Junior has or hasn't had a D.P.T. booster. She can't remember whether Baby got two or three polio shots last year when they were living in another state. Yet she insists that both children are now due for more shots.

What's the solution? I suggest this: When administering shots to a child, give the mother an ade-



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MOTHER

When this was taken, Mother was lovely and poised — even though in the family way. In the genteel manner of her day, she concealed her condition well, although almost nothing could mask her recurrent “heartburn.”

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letters

quate record. Explain its importance—and why she must have it available if she requests subsequent shots at another clinic or office.

Maj. Gertrude M. Haydon, A.N.C.
Fort Benjamin Harrison, Ind.

A CANDLE DOES IT

DEAR EDITOR: Did you ever watch with dismay while a drop of water spread across a medicine card, dissolving the data so carefully written in ink?

To avoid this hazard, I just rub a white candle across the card. The candle wax gives permanent protection. . .

Beverly Putnam, R.N.
Jamestown, N.Y.

TALL GIRLS' TROUBLE

DEAR EDITOR: Some of my friends and I—all of us rather tall—have trouble finding uniforms that fit. Those presumably designed for tall nurses aren't proportionately long in the waist. Thus we usually end up making our own uniforms—a job for which, as working mothers, we have little time.

Do any of your readers have a helpful suggestion to pass along?

Margaret A. Ward, R.N.
Havelock, N.C.

WHAT TEACHERS GET

DEAR EDITOR: Here in California, public school teachers get a minimum salary of \$500 a month, according to the state teachers' association.

More▶

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Schulz, Jeannette &
Smith, N.J.: A.M.A. J.
is. Child. 95:109 (1958).

Josephs, H.W.: Medi-
line 32:125 (1953).

letters

The association brought about this minimum rate through its legislative efforts. It has also made many fringe benefits available. (For example, a teacher gets trade discounts from various wholesale houses.)

For all this the teacher pays dues of \$25 a year—compared to the \$37.50 I pay as an A.N.A. member.

I think it's high time our nursing organizations used the same means that teachers' organizations use to achieve their results.

Beatrice Runion, R.N.
Riverside, Calif.

PART-TIMING

DEAR EDITOR: I don't believe an R.N. should even apply for part-time duty unless she can work her share of week-ends, accept occasional 3-11 duty, and work regularly enough to know the needs of most patients on her unit.

It's also extremely important that she have a knowledge of the hospital and its routines.

Let me add: I'm a part-time nurse working 3-11 on week-ends.

Evelyn G. Leffler, R.N.
Salem, Va.

DEAR EDITOR: . . . I believe a rotation system for part-timers could be effective.

Suppose, for example, that a nurse lost her place at the top of

the on-call list when she refused week-end duty. After being moved down the list a couple of times, she would make a greater effort to help give the full-time R.N. a Sunday off now and then.

Florene Feitshans, R.N.
West Milton, Ohio

TELL THE PUBLIC

DEAR EDITOR: Many of our economic problems could be solved, I believe, if we could enlist public support.

Take the low-pay problem, for example: The public knows little or nothing about our salaries. We, in turn, don't know what the public thinks a nurse *should* be paid for her services.

Let's find a way to get our problems out of the professional journals and before the public eye.

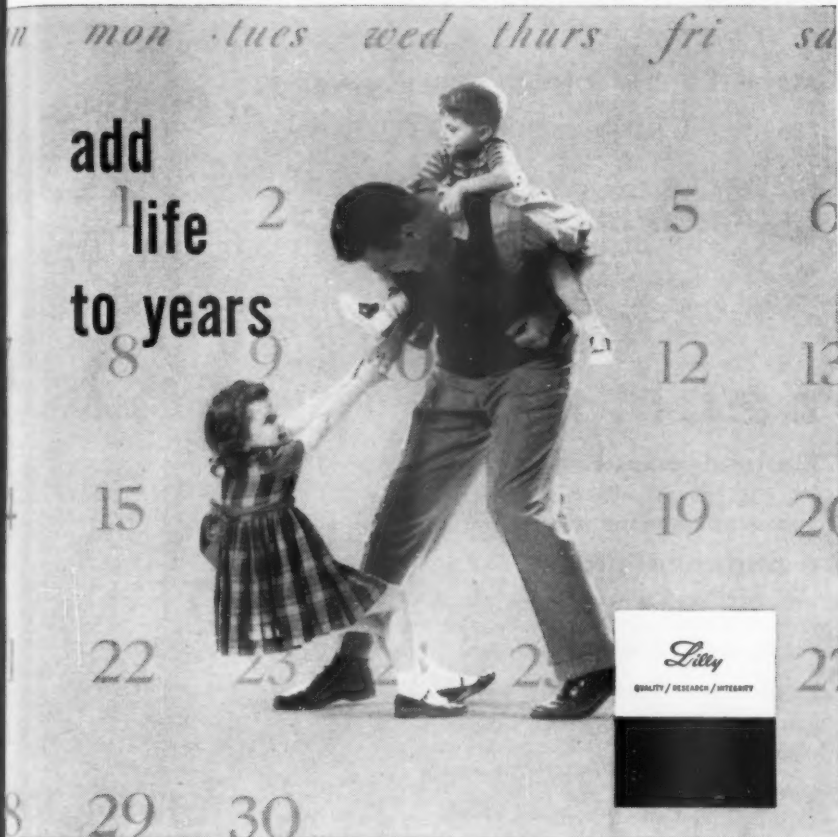
Paula Roozen, R.N.
Wichita Falls, Tex.

GOOFING OFF

DEAR EDITOR: I realize that this is the Goofing-off Age, with its half-hour coffee breaks and its emphasis on monetary return. In factories and offices, goofing off may be understandable—at times. But I can't see why nurses allow such a practice—or even their paper work—to interfere with the quality of patient-care.

Jean B. Young, R.N.
Utica, N. Y.

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Spies, T. D.: The Influence of Nutritional Processes on Aging, South. M. J., 50:216, 1957.

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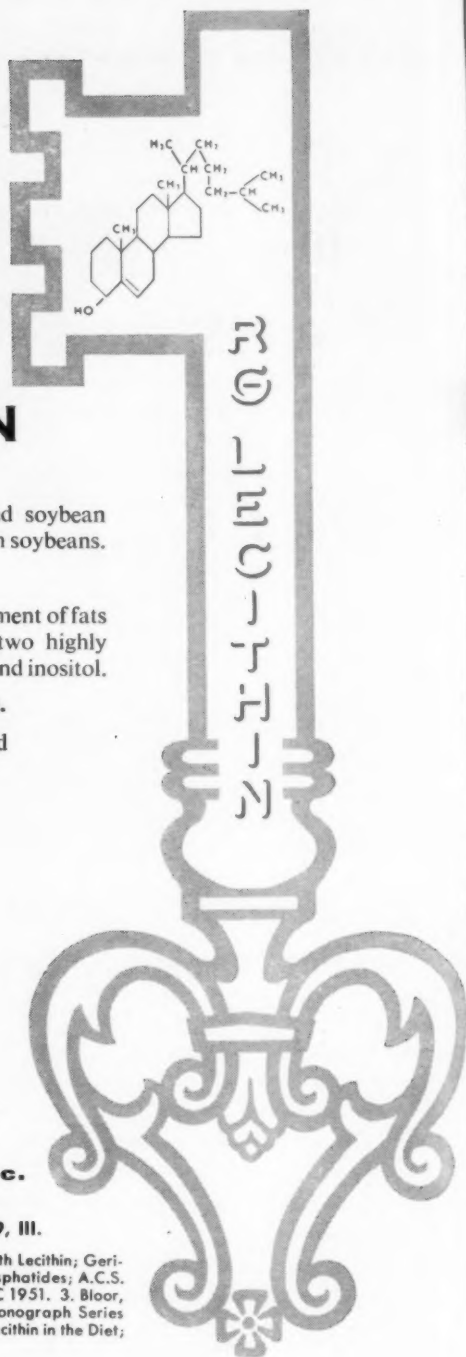
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1. Morrison, L. M., Serum Cholesterol Reduction with Lecithin; *Geriatrics*, 13:12 (Jan.) 1958. 2. Wittcoff, H., The Phosphatides; A.C.S. Monograph Series #112; Reinhold Pub. Corp. NYC 1951. 3. Bloor, W. R., *Biochemistry of the Fatty Acids*; A.C.S. Monograph Series #93, Reinhold Pub. Corp. NYC 1943. 4. Article, Lecithin in the Diet; *Journal A.M.A.* 168:1168 (Oct. 25) 1958.



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RN news

60 Nurses to Do Volunteer Duty at Winter Olympics

When the Olympic Winter Games get under way at Squaw Valley, Calif., this month, sixty nurses will combine volunteer duty with off-hours excitement. They expect to witness thrills and spills aplenty as 1,000 top-flight skiers, skaters, and bobsleders from thirty-four nations compete.

The sixty R.N.s, headed by Barbara Holliday, will staff a twenty-eight-bed emergency hospital and nine first-aid stations.

Miss Holliday, 28, is a graduate of the University of California School of Nursing. She does public health work for the Contra Costa County (Calif.) Health Department. While she's not a confirmed winter sports addict, she does occasionally ski.

In addition to the nurses at Squaw Valley, eighty M.D.s (including ten scheduled for ski duty) and some sixty other medical-

hospital workers will contribute their services. While none will be paid, all will enjoy free lodging and food—plus a once-in-a-lifetime experience.

This Hospital Uses Pinkerton Agents

Ever wish you had policemen available to help clear out the visitors who sometimes flock to a patient's bedside in violation of hospital rules?

Nurses at the United Hospital in Port Chester, N.Y., now have such help. The uniformed policemen are from Pinkerton's National Detective Agency.

The hospital hired them after constant explaining by R.N.s and others failed to impress on visitors that a two-at-a-time limit had been set for the patients' own good. Before the Pinkerton men arrived on the scene, as many as nine visitors were showing up together at a bedside.

Study Aims to Give R.N.s More Time at Bedside

Ordering and stacking linens—a chore that R.N.s do in many hospitals—may keep a nurse away



Holliday

news

from her patients as much as thirty minutes daily. Thus, in a year's time, she may spend twenty days taking care of linens instead of patients.

This is one of the findings of a study of nurses' daily activities, now going on at Overlook Hospital in Summit, N. J. Said to be the first of its kind, the study will determine the time required for specific chores in eight categories. Each activity is being measured in terms of five-minute units and distance from the patient.

The study's director, Dr. Marguerite E. Kakosh of the Rutgers University nursing faculty, hopes to find ways to free R.N.s from many non-nursing chores so they can spend more time at the bedside.

Mouth-to-Mouth Breathing Not Enough, Warns M.D.

Although mouth-to-mouth resuscitation may restore breathing in a person who's been saved from drowning, the victim may die suddenly from pulmonary edema after the procedure is stopped if water has entered his lungs.

So warns Dr. Peter Safar of Baltimore in a report he made recently to the American Society of Anesthesiologists.

As a preventive measure, he urges intermittent inspiratory positive-pressure breathing with oxy-

gen, even when the patient has seemingly revived and is breathing spontaneously.

This recommendation, says Dr. Safar, is based on research conducted by Dr. Joseph Redding, also of Baltimore.

New Oxygen Tent Has An Open Top

More effective O₂ therapy, less work for the nurse, and a less apprehensive patient: These are the reported advantages of a new



open-top oxygen tent [see above] designed by Drs. Earl J. Brewer Jr. and Donald Singer of Houston, Tex.

Normally, the oxygen doesn't escape through the open top because it's heavier than air, the M.D.s explain. In situations where strong air currents tend to suck it

More on 24

WHY KNOX SPECIAL DIET BROCHURES ARE BASED ON FOOD EXCHANGE LISTS



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DAILY DIET LISTS for

1200 CALORIE DIETS
1600 CALORIE DIETS
1800 CALORIE DIETS

IMPORTANT! To achieve your weight goal... your daily diet must include foods from each of the lists shown... in the correct amounts indicated for your particular calorie pattern. Your calorie pattern requirements are indicated by the same color in each list. 1200 calories (red), 1600 calories (blue), 1800 calories (green). You may eat these foods any time of the day you wish... however, it's advisable to divide them into 3 equal meals.

MEASURE CAREFULLY... USE STANDARD MEASURING CUPS AND SPOONS

KNOX

VEGETABLE LIST

Each of the following food choices contains little carbohydrate, protein or calories.

- 1200 CALORIE DIET - Choice of any number
- 1600 CALORIE DIET - Choice of any number
- 1800 CALORIE DIET - Choice of any number

In Raw Form, Size of Serving Unlimited; Cooked, Size Serving $\frac{1}{2}$ to 1 cup.

Asparagus	Eggplant	Dandelion
Broccoli	Lettuce	Kale
Brussels	Mushrooms	Mustard
sprouts	Okra	Spinach
Cabbage	Pepper	Turnip greens
Cauliflower	Radishes	Sauerkraut
Celery	Greens	String beans
Chicory	Beet greens	Summer squash
Cucumber	Chard	Tomatoes
Endive	Collards	Watercress

OR You may choose from this vegetable list. Each of the following foods contains 7 grams carbohydrate, 2 grams protein, 35 calories.

- 1200 CALORIE DIET - Choice of any 2
- 1600 CALORIE DIET - Choice of any 4
- 1800 CALORIE DIET - Choice of any 4

One Serving Equals $\frac{1}{2}$ cup

Beets	Peas, green	Squash, winter
Carrots	Pumpkin	Turnips
Onions	Rutabagas	

BREAD LIST

Each of the following food choices contains 15 grams carbohydrate, 2 grams protein, 70 calories.

- 1200 CALORIE DIET - Choice of any 3
- 1600 CALORIE DIET - Choice of any 4
- 1800 CALORIE DIET - Choice of any 3

	Amount to Use
Bread	1 slice
Discuit, roll (2" diameter)	1
Muffin (2" diameter)	1
Cornbread (1 $\frac{1}{2}$ " cube)	1
Cereals, cooked	$\frac{1}{2}$ cup
Dry, flake and puff types	$\frac{1}{2}$ cup
Rice, grits, cooked	$\frac{1}{2}$ cup
Spaghetti, noodles, cooked	$\frac{1}{2}$ cup
Macaroni, cooked	$\frac{1}{2}$ cup
Crackers, graham (2 $\frac{1}{2}$ " sq.)	2
Oysterettes ($\frac{1}{2}$ cup)	20
Saltines (2" sq.)	5
Soda (2 $\frac{1}{2}$ " sq.)	3
Round, thin	6
Flour	2 $\frac{1}{2}$ tablespoons
Vegetables	
Beans and peas, dried, cooked	$\frac{1}{2}$ cup
(lima, navy, split peas, cowpeas, etc.)	
Boiled beans, no pork	$\frac{1}{2}$ cup
Corn	$\frac{1}{2}$ cup
Popcorn	1 cup
Parsnips	$\frac{1}{2}$ cup
Potatoes, white	1 small
Potatoes, white, mashed	$\frac{1}{2}$ cup
Potatoes, sweet or yams	$\frac{1}{2}$ cup
Sponge cake, plain (1 $\frac{1}{2}$ " cube)	1
Ice cream (omit two fat choices)	$\frac{1}{2}$ cup

MILK LIST

Each of the following food choices contains 12 grams carbohydrate, 8 grams protein, 10 grams fat, 170 calories.

- 1200 CALORIE DIET - Choice of any 1
- 1600 CALORIE DIET - Choice of any 1
- 1800 CALORIE DIET - Choice of any 1

	Amount to Use
Whole milk (plain or homogenized)	1 cup
Skim milk	1 cup
Evaporated milk	1 cup
Powdered whole milk	1 cup
Non-fat dry milk solids	1 cup
Buttermilk (made from whole milk)	1 cup
Buttermilk (made from skim milk)	1 cup
You can use the milk on your meal plan in coffee, on cereal, or with other foods.	
*Skim milk products contain less fat. When used on whole milk diet 2 fat choices to get the same fat total.	

FAT LIST

Each of the following food choices contains 1 gram fat, 45 calories.

- 1200 CALORIE DIET - Choice of any 1
- 1600 CALORIE DIET - Choice of any 1
- 1800 CALORIE DIET - Choice of any 1

	Amount to Use
Butter or margarine (1 small pat)	1
Bacon, crisp	1 slice
Cream, light	2 tablespoons
Cream, heavy	1 tablespoon

KNOX SPECIAL DIETS BASED ON

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Professional Service Department, Johnstown, N.Y. RN-26

Please send me copies of the following Knox Special Diet Brochures:

- ☐ Special Reducing Diet.....dozen
- ☐ New Variety in Meal Planning for the Diabetic.....dozen
- ☐ Individualized Low Salt Diets.....dozen

your name and address



1/2 cheese	1 tablespoon
1/2 (4" diameter)	1/2
1/2 dressing	1 tablespoon
1/2 sauce	1 teaspoon
1/2 cooking fat	1 teaspoon
	6 small
	5 small

IT LIST

of the following food choices contains 10 carbohydrate and 40 calories.

10 CALORIE DIET • Choice of any 5

10 CALORIE DIET • Choice of any 5

10 CALORIE DIET - Choice of any 5

	Amount to Use
2" diameter).....	1 small
1 cup	1/4 cup
1 fresh.....	2 medium
1 dried.....	1/2 ounces
1/4 cup	1/4 small
1/2 cup	1 cup
1/4 cup	1 cup
1/4 cup	1 cup
1/4 cup	1 cup
1/4 cup (6" diameter).....	1/4 cup
1/4 cup	10 large
1/4 cup	2 large
1/4 cup	1 small
1/4 cup	1/2 small
1/4 cup	1 cup
1/4 cup	1/2 cup
1/4 cup	1 cup
1/4 cup	1 cup
1/4 cup	1 small
1/4 cup	1 small
1/4 cup	1 cup

Papaya.....	1 1/2 medium
Peach.....	1 medium
Pear.....	1 small
Pineapple.....	1 small
Pineapple juice.....	1 1/2 cup
Plums.....	2 medium
Prunes, dried.....	2 medium
Raisins.....	2 tablespoons
Tangerine.....	1 large
Watermelon.....	1 cup

You may use your fruit fresh, dried, cooked, canned or frozen as long as no sugar has been added.

MEAT LIST

Each of the following food choices contains 7 grams protein, 5 grams fat, 75 calories.

1200 CALORIE DIET - Choice of any 4

1600 CALORIE DIET • Choice of any 6

1800 CALORIE DIET - Choice of any 6

	<i>Amount to Use</i>
Meat and Poultry (medium fat)	
3-4 Oz. Average Serving (Beef, lamb, pork, liver, chicken, etc.)	1 ounce*
Cold cuts (4½" x 4½") Salsami, Minced Ham, Bologna, Liverwurst, Luncheon Loaf	1 slice
Frankfurter (3-9 per lb.)	1
Egg	1
Fish: haddock, flounder, bass, etc.	
3-4 Oz. Average Serving	1 ounce*
Serving	
Salsami, tuna, crab, lobster	¼ cup
Shrimp, clams, oysters, etc.	6 small
Sauce	1 medium
Cheese, Cheddar type	1 ounce
Cottage	¼ cup
Butter	1 tablespoon
<i>*For a 1-Meat Choice or 2-Meat Choice</i>	

GOOD EXCHANGES

- 1. are authoritative'**
2. eliminate calorie counting
provide a wide variety of food
4. assure a balanced intake
protein*, carbohydrate, and fat

"BETWEEN-MEAL" SNACK LIST

Each of the following "Between-Meal" snacks is made with Knox—the real unflavored gelatine. There are only 28 calories in each envelope of High-Protein Knox.

200 CALORIE DIE

1600 CALORIE DIE

1800 CALORIE DIE

Take

Knox Drink

3 times daily

Take the Knox High-Protein Drink $\frac{1}{2}$ hour before meals as a cold drink (with Fruit Juices). Empty 1 envelope Knox Gelatine in $\frac{3}{4}$ glass of orange juice, other fruit juices or water, not iced. Let liquid absorb the gelatine. Then stir briskly. Drink quickly. If it thickens, add more liquid, stir again.

ON

As a hot drink (with Bouillon). Sprinkle 1 envelope Knox Gelatine on $\frac{1}{4}$ cup cold water to soften. Add 1 bouillon cube and $\frac{3}{4}$ cup boiling water. Stir until gelatine and bouillon cube are thoroughly dissolved. $\frac{3}{4}$ cup of any very hot broth may be used in place of bouillon.

After you have reached your weight goal . . . take Knox "Booster." Drink (with milk) to maintain weight and to supply additional protein. 1 (8 oz.) glass contains 15 grams protein, 130 calories. In an 8 or 10 oz. dry glass thoroughly mix 1 envelope Knox Gelatine with 3 to 6 tablespoons instant non-fat dry milk (varies with brand). Fill with cold water. Stir briskly until milk thoroughly dissolves. Drink quickly.

1. The Food Exchanges Lists referred to are based on material in "Meal Planning with Exchange Lists" prepared by Committees of the American Diabetes Association, Inc. and The American Dietetic Association in cooperation with the Chronic Disease Program, Public Health Service, Department of Health, Education and Welfare.

*Knox Gelatine is an economical source of the α -amino acid lysine.

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Dover, Delaware

24 RN • FEBRUARY 1960

news

upward, a detachable top can be added.

Since the new tent covers the patient's head and neck only, many nursing procedures are easier, the designers say.

Board Holds It's Legal: R.N.s Can Give I.V.s

Is an R.N. practicing medicine when she administers infusions and transfusions?

"No," says the New Jersey Board of Medical Examiners.

The board says a licensed R.N. may give I.V.s "under the specific direction of a regularly licensed physician or surgeon in each particular case." She may do so in the hospital or elsewhere; and it's not necessary for the doctor to be present.

The board suggests that only selected graduate nurses should receive instruction in I.V. technique—not student nurses.

Dean Would Uncap and Destarch Nurses

"The nurse's cap no longer has the significance it once had. So let's get rid of it!" So says Mrs. Lulu Wolf Hassenplug, dean, School of Nursing, University of California at Los Angeles.

"Even waitresses wear caps today," argues the dean, who's also opposed to the starched white uniform and white stockings. She adds: "A nurse ought to demon-

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strate her professional status by the expert care she gives—not by what she wears.”

Some nurses, she believes, tend to lean on the traditional cap and uniform as prestige substitutes for service. As a result, there’s too much starch in the nurse-patient relationship, she says.

“The day is coming,” she predicts, “when uniforms in suitable colors will be recognized as helpful to patient-care, particularly in pediatric units and psychiatric hospitals.”

And what do the UCLA student nurses wear? No caps; regular stockings; and gold-colored, drip-dry uniforms.

M.D.s Urge Coordination Of Nursing Education

There’s no single, simple remedy for the nurse shortage. And the public won’t tolerate the shortage indefinitely while nursing hunts for such a remedy. So, among other things, nursing should temporarily suspend its present emphasis on collegiate programs and use all teaching facilities to turn out more bedside nurses.

That’s the gist of an M.D.-committee report to the Medical Society of the County of New York.

The report further suggests that all levels of nursing education be so coordinated that a high-school graduate could “advance from practical nurse to registered nurse

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1. SPOOR, H.: PROC. SCIENT. SEC. TGA NO. 31, MAY 1959.

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news

to collegiate nurse." This coordinated system, the report says, "should not be specifically tied to junior colleges, hospitals, or [senior] colleges, but to whatever combination of these facilities best fits the local situation."

The plan would permit a student to stop her education at any point "and still be a useful nurse," says a society spokesman.

R.N. Devises Timesaver

This handy cart, designed by Sister Mary Giles, O.R. supervisor at St.



Mary's Hospital in Kansas City, speeds O.R. clean-up.

The nurse places instruments in

the sterilizing pan. Her gown and other linens go into the white hamper. The bucket holds antiseptic. The bag neatly takes care of disposables.

Riddle: When's an Aide Not Called an Aide?

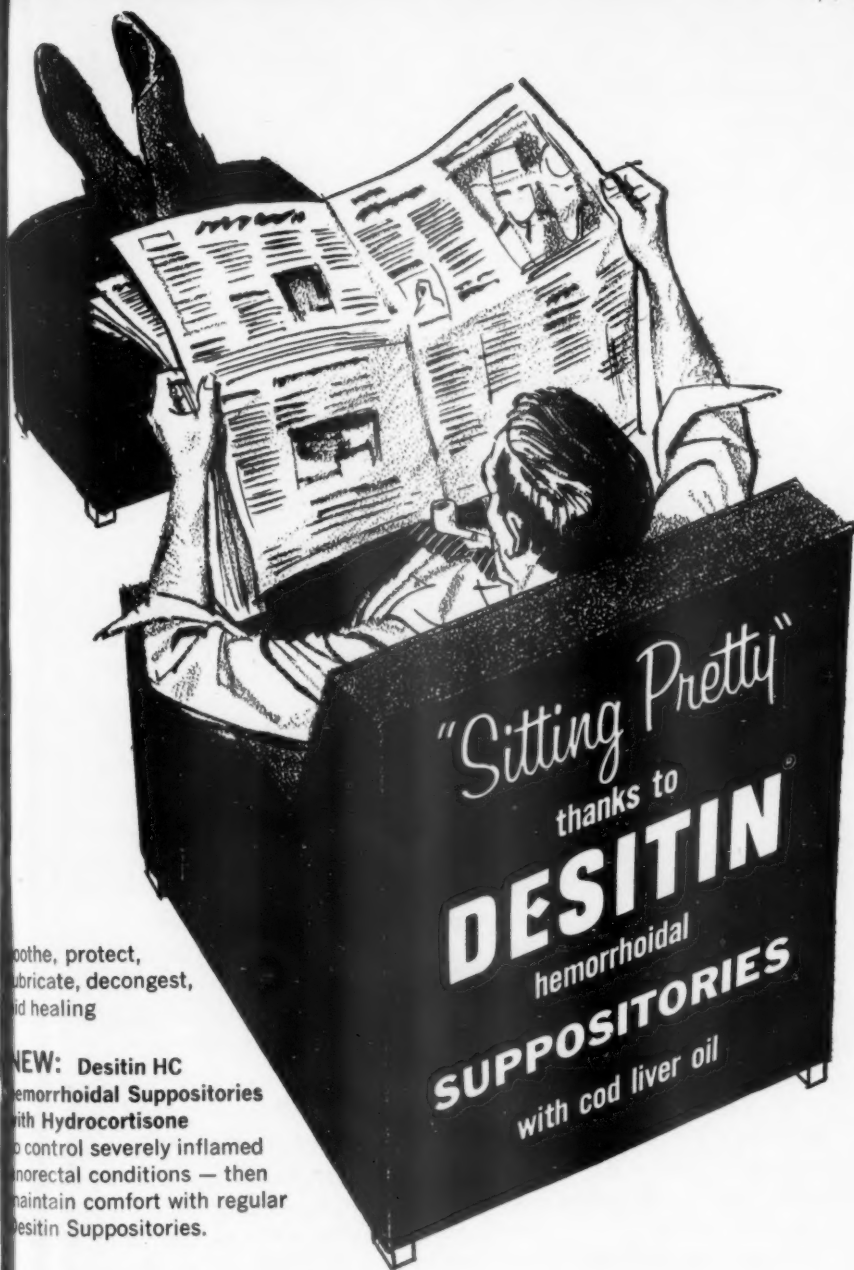
Answer: When she works in Kansas. An aide in that state may be called by any one of seven names:

1. Practical nurse (not a licensed P.N.).
2. Nurse-technician (with limited training).
3. Nurse-assistant.
4. Undergraduate nurse (an ex-student nurse who didn't complete her training).
5. Qualified nurse (a self-designated name for some aides who've completed a correspondence course).
6. Certified nurse (member of an unlicensed group in Wichita).
7. Sitter (one who sits with a patient, usually for a \$1 an hour fee).

Keep Your Rails Up, M.D. Advises

More than half the patients who fall out of bed roll right over the side-rails that are meant to keep them in, says Dr. Frederick Grubel of New York City.

Dr. Grubel got these statistics by studying the bed accidents in four



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news

local hospitals over a six-month period.

Does this mean side-rails should be abolished? Far from it, says Dr. Grubel, for "nobody knows how many *more* patients might have fallen if rails hadn't been in use."

And, he adds, in case of a negligence suit, you'll be in better shape if you can prove you had your rails up at the time of the accident.

Are You a 'Tired Mother'? Here's Help for You!

Ever hear of the "tired mother" syndrome?

It's fairly common among young mothers, including nurse-mothers; but it's seldom a sign of organic disease, says Dr. Leonard L. Lovshin of the Cleveland Clinic in a report he recently made to the American College of Obstetricians and Gynecologists.

Dr. Lovshin says the syndrome is seen most often in a young mother who's intelligent, tense, and overconscientious.

"She begins to feel run down and tired," he says. "She's not used to this feeling, so she gets nervous and irritable and yells at the children. Then she develops various somatic symptoms: headaches, back pain, and a bit of dizziness. These symptoms worry and confuse her further.

"Psychoanalysis isn't needed to figure out what's happening: She's

working sixteen hours a day, seven days a week.

"She probably hasn't had a real vacation in years, except for brief convalescence from childbirth. And, being conscientious, she gets involved in a lot of activities—P.T.A., heart drives, church work, and so on.

"Then, too, she almost always has several pets. And our study shows the care of a puppy equals that of one and a half children, while a cat with kittens is the care-equivalent of two children."

What's the answer?

In severe cases, time is the only help, says Dr. Lovshin, though he advises the patient to say "no" when asked to over-extend herself. In mild cases he prescribes "a new hat—with big feathers."

To the husband, he adds: "Take her out to dinner. Take her to a football game. Or, better still, take the children out and let her stay home."

Tranquilizers? "Of course," says Dr. Lovshin, "if we prescribe them properly—to the husband, the children, and the pets!"

Nurses Are Confused and Frustrated, He Says

The bedside nurse is plagued today by the conflicting forces of illusion and reality. On the one hand, tradition calls for her to give tender,

More on 104

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she looks
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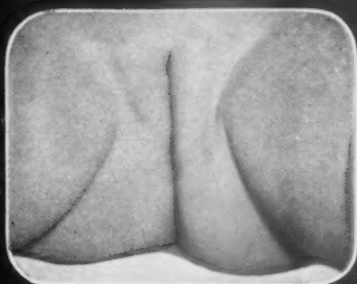
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ZOTOX PHARMACAL CO., INC., 142 HAMILTON AVE., STAMFORD, CONN.

*Pillsbury, D. M.; Shelley, W. B., and Kligman, A. M.: Dermatology, Phila., Saunders, 1956, p. 813.



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RN *literature and samples*

IRON IN INFANCY: The current status of iron deficiency and anemia in infancy is discussed in a booklet on baby feeding. Also included is a description of a newly introduced product, Similac With Iron. ROSS LABORATORIES. **B-1**

ADVANCE IN STEAM THERAPY: VapoSteam is a new kind of steam medication for use in electric vaporizers. The product contains Vick aromatics and benzoin, with PED, a new wetting agent which breaks down the surface tension of the steam droplets and enhances their effect against mucus deposits. A 2 oz. sample of VapoSteam is offered. VICK CHEMICAL CO. **B-2**

NEW BLOOD-PRESSURE CUFF: Velcro, the amazing new material which clings to itself with a burr-like grip, has now been employed in the new Baumanometer V-Lok Cuff. Advantages are faster adjustment, better holding qualities, and longer cuff life. V-Lok is available with new Baumanometers or can be purchased separately for use with older ones. Literature. W. A. BAUM CO., INC. **B-3**

SUTURE MATERIAL: A folder is offered describing Deknatel Black Braided Silk for suture use, together with a sample which consists of twelve 18-inch strands of the material in a sterile packed plastic container. J. A. DEKNATEL & SONS, INC. **B-4**

NEW PROGRAM FOR WEIGHT CONTROL: Metrecal provides adequate nutrition and high satiety on 900 calories daily. Effective weight loss is provided safely, on pleasant-tasting Metrecal alone. No unphysiologic "aids" or appetite depressants are needed. A day's supply (900 calories) is prepared simply by mixing ½ lb. of Metrecal powder. Weight Control Guide offered, describes this program. MEAD JOHNSON & CO. **B-5**

ANATOMICAL MODELS: A folder printed in full color illustrates and describes models of the human body in one-sixth scale. Parts are made of plastic, molded for precise fit. Skeleton, vital organs, muscles, nervous system and circulatory system are all made to be joined together by student or instructor. Literature only. PLASTICS MASTERS, INC. **B-6**

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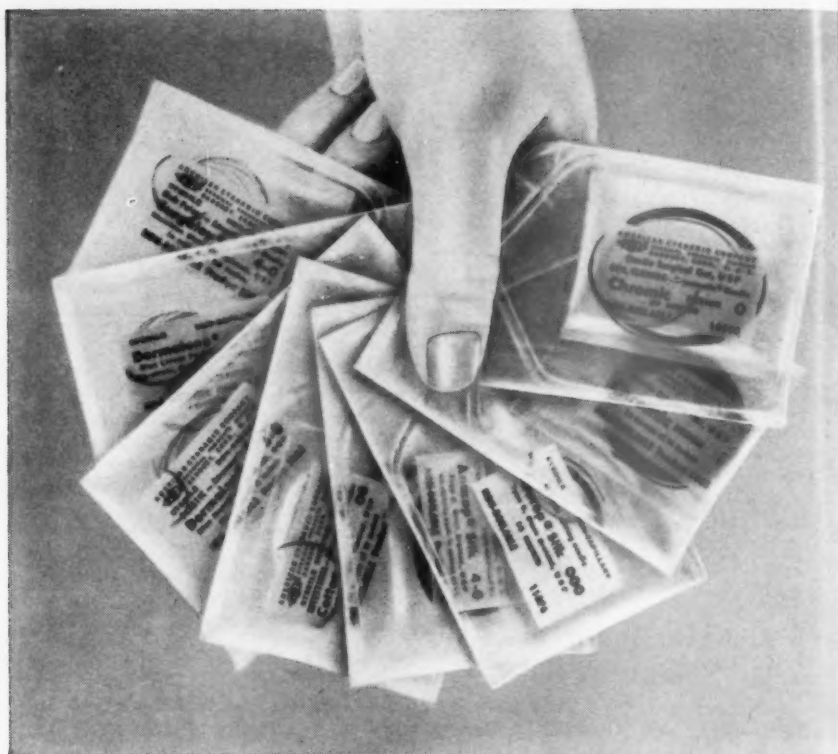
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1, Brusch, C.A., et al.: Maryland M.J. 5:36, 1956.

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Busy nurse, secretary or housewife...
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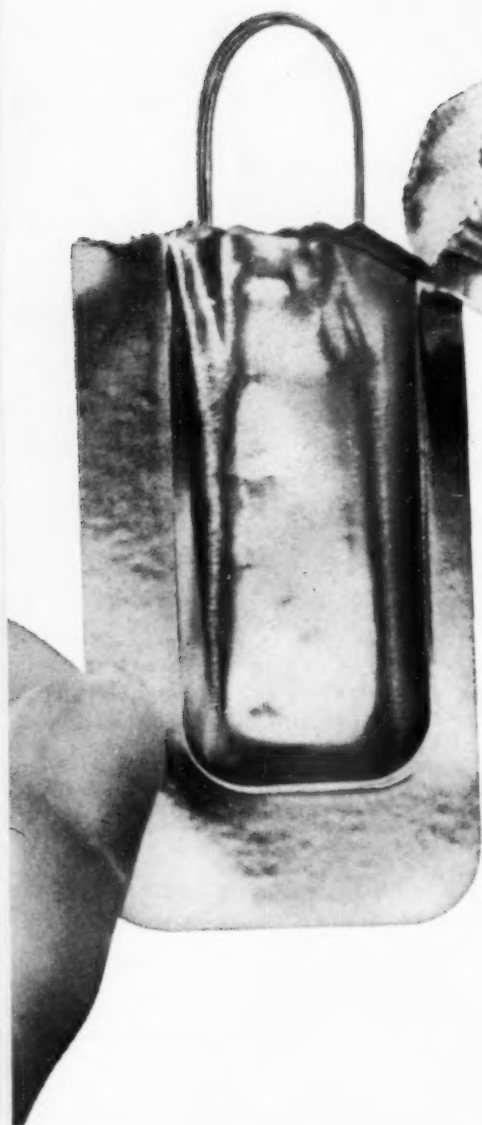
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RN

What to Do in an EMERGENCY DELIVERY

BY PATRICIA D. HORGAN, R.N.

"It's been a long time since my days in OB. Would I be able to handle a delivery on my own if I had to?"

This thought may well have crossed your mind as you've read newspaper accounts of, say, Patrolman O'Rourke or Cab Driver Caplan presiding at an emergency delivery.

Well, it's a distinct possibility that the question could become more immediate than academic at any time.

As a nurse, you *may* be called

upon some day to help an about-to-deliver mother—particularly if a major disaster should strike your community. At such a time, many spontaneous and premature births occur. And since doctors then have more patients than they can handle, R.N.s often have to take charge of deliveries.

After hearing this prospect discussed at a recent professional meeting, I was inspired to give my own OB knowledge a booster shot. In order to accomplish this,

THIS ARTICLE is the first of three on maternal and infant care. The second will present techniques for infant resuscitation. The third will report on recent newborn-care methods.

EMERGENCY DELIVERY

I visited the office of the Maternity Center Association in near-by New York City.

Jayne DeClue, a certified nurse-midwife and an instructor at the center, welcomed me warmly. "Where shall we start?" she asked.

"Well, suppose I'm called to the scene," I said, "and find the mother-to-be in labor. What then?"

"First," Miss DeClue said, "observe the mother to determine how near she is to delivery. You'll know she's in the second stage of labor if she's attempting to push with each contraction.

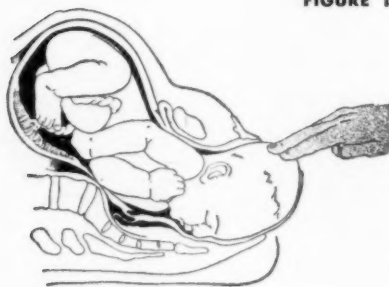
Also, she may tell you she feels rectal pressure. As you make your observations, reassure her all you can. That is her greatest need."

"That may be difficult if I don't feel confident myself," I said.

"Yes, it may. But even if you feel literally weak in the knees, you can maintain a confident exterior. Speak calmly and deliberately. Give clear and exact instructions. If members of the family are near, ask one of them to help. The presence of someone familiar will reassure the mother."

Two facts, Miss DeClue said,

FIGURE 1



As the infant's head crowns, the nurse exerts slight counterpressure with her finger tips. This slows the delivery and helps prevent perineal tears. Note that the nurse's hand does not touch the perineum.

FIGURE 2



While the head is passing the introitus, the nurse supports it gently in cupped hands. She allows the head to rotate to the side position so that it will be in alignment with the delivering shoulders.

should give the inexperienced nurse confidence, thus helping her to ease the patient's anxiety:

(1) Some 96 per cent of all deliveries are uncomplicated and don't require mechanical intervention. (2) When the mother hasn't received drugs—as in an emergency delivery—the baby nearly always breathes spontaneously at birth.

"Choose a place for the delivery that's as clean as possible," she continued. "Have the mother lie on her back with her legs spread and flexed to give you an unobstructed view of the perineum. Try to find something clean

to slip under the buttocks. If there's no place where the mother can safely lie, you can have her squat with her back against a wall.

"If you have the materials available and if time allows, wash your hands, shave and wash the perineum, wash your hands again, and put on sterile gloves. If this isn't possible, try at least to find some clean linen to cover your hands in order to reduce the danger of infecting the birth canal."

She paused while I caught up on my notes.

"When you see the baby's head crowning, it's important that the mother deliver slowly, for a too rapid delivery may tear the perineum or injure the baby."

To help slow the delivery, Miss DeClue pointed out, the nurse persuades the mother to "stop pushing and start panting."

"Panting," she explained, "slows the delivery by making it impossible for the mother to hold her breath long enough to push. Also, you can help retard the birth further by exerting a slight counterpressure."

Miss DeClue then demonstrated how to exert counterpressure, how to support the emerging

FIGURE 3



As the infant's body slips out, the nurse slides her left hand and forearm under it for support. Finally, she'll release her right hand, grasp the feet, then invert the baby to head-down position to drain fluid.

EMERGENCY DELIVERY

head, and how to help the infant's body pass through the introitus (see Figures 1, 2, and 3 on pages 38-39).

Draining the Airway

"As soon as you've delivered the infant," Miss DeClue continued, allow the amniotic fluid to drain from his nose and mouth. Be sure to hold him firmly but gently by the feet, and to keep his face clear of the pool of fluid. Also, keep his head dependent. Support the body along the length of your left arm. This head-down position helps drain fluid out of the airway."

(Some obstetricians don't believe it's good practice to administer the traditional slap or to dangle the baby by his feet. For they feel that at birth the baby is in a shock-like state.)

She continued: "Wrap the baby in any clean linen that's available and put him on his right side on the mother's abdomen. If she's squatting, put him in his mother's arms. This provides the warmth and safety he needs."

"How should the cord be taken care of?" I asked.

"Be careful to avoid *any* tension on the cord. When you give

the baby to the mother, be sure *she* doesn't put any tension on the cord. Explain that she must deliver the placenta before the baby will be free."

Miss DeClue reminded me that delivery of the placenta usually takes about twenty minutes. The nurse simply waits until it is delivered. She avoids tugging on the cord, because this could result in inversion of the uterus.

"When the placenta is delivered," she added, "wrap it, the cord, and the baby all together in a bundle."

I must have looked startled, for Miss DeClue smiled.

Don't Cut the Cord

"I know that sounds messy," she said. "But really, it's the safest way. You don't want to cut the cord because of the risk of infection or hemorrhage. So you just leave it until the doctor arrives—or until a person specifically trained in the technique can tie and cut the cord under aseptic conditions."

"You've convinced me," I said, smiling back. "Now what do I do?"

"Make the mother as comfortable as you can, then put the

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baby to breast. This is wonderfully satisfying for both baby and mother. As the baby suckles, its action stimulates the pituitary gland to release oxytocin, thus

helping the mother's uterus to contract.

"Your final important task will be to check on the firmness of the
More on 102

Protecting Your Social Security Credits

BY JOHN WINSLOW

Whether you work for an employer or are self-employed, errors in your Social Security records can cut down your future pension payments. Furthermore, such errors *can't be corrected* after they've been on Uncle Sam's books for thirty-nine and a half months.

How can you catch past errors in time to have them corrected, then? Just ask the Social Security Administration (Baltimore 2, Md.) for a statement of your account. To be safe, write for a statement at least once every three years. Then promptly check it against your records and report any mistakes you find.

Employers sometimes make errors in their quarterly listings of employees, says the S.S.A. But most mistakes are made by the self-employed.

If you're among the self-employed, be sure to send in Schedule SE with Form 1040 when reporting your Federal income tax. Submit this report *even if your earnings aren't large enough to be taxable*. Otherwise you won't be properly credited with any quarters you've worked during the year.

Above all, says the S.S.A., check each report to be sure you've copied the figures correctly—especially your Social Security number.

END

AN ALCOHOLIC SPE



And three other experts tell
how crucial the R.N. is to his recovery

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SPEAKS TO NURSES

EDITOR'S NOTE: Today some 5,000,000 alcoholics constitute the nation's fourth largest health problem—this in spite of the fact that social agencies on national, state, and local levels are trying to help these people stop the excessive drinking that eventually kills many of them.

At a workshop on alcoholism sponsored by the New York State Student Nurses' Association at its 1959 convention, a nurse, a psychiatrist, and two laymen challenged nurses to do more for alcoholics than they're now doing.

"R.N.s give nursing care to thousands of alcoholics among their patients," they said in effect. "They're in a key position to give crucial help that no other group can give."

Here, in summary, are the points these speakers made as to (1) why they believe each nurse should accept this responsibility and (2) how he can help the alcoholic to help himself.

Yvelin Gardner, deputy executive director of the National Council on Alcoholism:

For centuries alcoholism has been regarded as a moral rather than a medical problem. But today this attitude is changing fast. For instance:

¶ The American Medical Association now defines alcoholism as a disease.

¶ The U.S. Public Health Service considers it a major health problem and is attacking it as such.

¶ The National Council of the Churches of Christ in the U.S.A. recognizes the alcoholic as a sick person who merits the help of church and pastor.

The question no one can answer yet is the *why* of this disease. We don't know whether it's mainly psychological or physiological in origin. We can't predict whom it will strike.

But our knowledge of alcoholism isn't any more limited than

ALCOHOLISM

our knowledge that of many other diseases. We know how to recognize, diagnose, and treat it successfully.

Therefore we urge nurses—all

of them—to accept alcoholism for what it actually is: a disease which, even if it can't be cured, can be permanently arrested.

More on 90

Helping Future Nurses To Pay Their Way

BY BEVERLY SCHUSTER, R.N.

Advisers to Future Nurse Clubs all face the question: How to finance those girls who want, but can't afford, to enter nursing school?

In Racine, Wis., we've found a way to provide the needed financial aid. As in most communities, our sponsoring Medical Auxiliary helps; and the girls themselves raise funds through bake sales, dances, etc. But we also go *outside* the club for funds. By this means, we've helped forty-three girls in four years! Certainly, by following our plan many other F.N.C.s could do as well—or better. Here's our procedure:

Each scholarship committee member contacts several local groups. First, she explains the critical need for nurses. Then she describes (without naming) two or three talented girls. She points out that these girls have already been accepted by reputable schools. She states that the club has chosen them for scholarship aid on the basis of financial need, academic achievement, and personality traits. Finally, she asks the group to underwrite, in whole or in part, *one* girl's nursing education.

Does this work? It surely does! At present, three local organizations provide \$15 monthly to five students, and one industry gives five girls \$100 a year each. END

Where We Stand Today With Tranquilizers

BY MORTON J. RODMAN, PH.D.

What's the truth about the tranquilizers? Are they so effective in treating nervous and mental ills that we can expect them to empty our mental hospitals? Or is their use actually dangerous?

The truth, of course, lies between these two extremes. The tranquilizers are often very valuable for treating mental patients. (Viewers-with-alarm appear to have overrated their dangers.) But none of these drugs can cure a psychosis.

To get the full story, let's look at some of the specific new drugs in this class. If we understand their uses and limitations, we'll

have a good idea of what this whole class of chemicals can and cannot do.

The most potent tranquilizer so far is fluphenazine. It comes in two forms: (1) a fraction-of-a-milligram tablet called Permitil that's claimed safe and effective for treating mild anxiety states, and (2) a higher-dose tablet, Prolixin, that hits severe psychotic symptoms.

Fluphenazine is a chemical cousin of chlorpromazine (Thorazine), which, with reserpine (Serpasil), was one of the first tranquilizers. Both these pioneer products, in proper dosage, produced the then unusual effect of

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TRANQUILIZERS

quieting patients without knocking them out or making them overly drowsy or deeply depressing their breathing.

But chlorpromazine had some drawbacks. It might lower the blood pressure too much. High doses could make patients listless

and lethargic. And it rarely helped chronic psychotics of the "burned out" type who don't react to or communicate with nurses, attendants, or doctors.

These apathetic patients, it's claimed, now respond well to fluphenazine and to another po

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Tranquilizers and Antipsychotics

Each entry on this list starts with the official or generic name of the drug, followed by the trade name in parentheses.

Phenothiazine-Type Tranquilizers

Acepromazine (Plegicil)
Chlorpromazine HCl, U.S.P. (Thorazine)
Fluphenazine (Permitil, Prolixin)
Mepazine acetate and HCl, N.N.D. (Pacatal)
Methoxypromazine (Tentone)
Perphenazine, N.N.D. (Trilafon)
Prochlorperazine maleate and ethanedisulfonate (Compazine)
Promazine HCl, N.N.D. (Sparine)
Promethazine HCl, N.N.D. (Phenergan)
Pyrathiazine HCl, N.N.D. (Pyrrolazate)
Thiopropazate dihydrochloride (Dartal)
Thioridazine (Mellaril)
Trifluoperazine (Stelazine)
Triflupromazine HCl (Vesprin)
Trimeprazine (Temaril)

Rauwolfia Alkaloids and Fractions

Alseroxylon, N.N.D. (Rauwiloid)
Deserpidine, N.N.D. (Harmony)
Rescinnamine, N.N.D. (Moderil)

Reserp

Proprietary Names

Chloro
Mephe
Mephe
Mepro
Phena
Promo

Psychotropic Drugs

Azacy
Bucliz
Capt
Chlor
Ectyl
Hydro
Hydro
Mecliz
Oxana
Pheny

arent new drug, trifluoperazine (Stelazine). Like the parent compounds, these new drugs make wildly agitated patients tractable. They also help lessen hallucinations and delusions. And disturbed patients taking them often respond better to psycho-

therapy and other rehabilitative measures.

An important advantage of fluphenazine and trifluoperazine is that the small doses needed to dampen down explosive behavior aren't likely to cause severe side actions. One ill effect that

Antipsychotic Agents



of drug, followed in parentheses by its trade name(s) or synonym(s).

Reserpine, N.N.D. (Serpasil, Sandril, Rau Sed, Reserpoid, et al.)

Propanediol Derivatives

Chlormethazanone (Trancopal)
Mephenesin, N.F. (Tolserol, Myanesin, et al.)
Mephenesin carbamate, N.N.D. (Tolseram)
Meprobamate, N.N.D. (Miltown, Equanil)
Phenaglycodal (Ultran)
Promoxolane (Dimethylane)

Psychotherapeutic Antihistamines and Others

Azacyclonal (Frenquel)
Buclizine HCl (Softran)
Captodiamine HCl (Suvren)
Chlorcyclizine HCl, U.S.P. (Perazil, Diparalene)
Ectylurea (Nostyn)
Hydroxyzine HCl, N.N.D. (Atarax)
Hydroxyzine pamoate (Vistaril)
Meclizine HCl (Bonine)
Oxanamide (Quiactin)
Phenyltoxamine citrate, N.N.D. (Bristamin)

TRANQUILIZERS

may occur is muscular stiffness and trembling similar to that of Parkinsonism. But the doctor can combat this by reducing the dose. Or he can add an anti-Parkinsonism drug, such as benzotropine (Cogentin).

Still other new drugs are proving effective for conditions complicated by emotional upset. Thioridazine (Mellaril) and methoxypromazine (Tentone), for example, are said to modify minor mental disorders, psychoneuroses, and psychosomatic reactions. Though not nearly so powerful as the drugs that control psycho-

tic behavior, they are strikingly free of ill effects. For instance, they do not cause the restlessness and spasms sometimes seen with the stronger agents.

In this respect, the last two tranquilizers are like earlier ones such as meprobamate (Miltown, Equanil) and hydroxyzine (Atarax, Vistaril). All are most useful against mild nervousness.

Doctors prescribe meprobamate and hydroxyzine in combination with other drugs for certain organic ailments. In peptic ulcer, for example, it's now common to give a mild tranquilizer

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My Most Unforgettable Patient

The timeworn mansion looked abandoned. No one answered my knock.

I checked my address slip again, then tried the door. It opened into a long hallway.

I went back to the kitchen, where the visiting nurse usually goes for information and supplies. There were no groceries

on the table, no pans on the old-fashioned stove, no lived-in look at all.

"Hello," I called, several times. Getting no answer, I went upstairs to see if my patient was in bed. The upstairs rooms were as unlived-in as the kitchen. The stately furniture was covered with dust.

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together with an antispasmodic drug. Allergies, skin conditions, and menstrual disorders also often yield to two-pronged attacks of this kind. The idea is that the specific drug—antispasmodic, antihistamine, or sex hormone—helps the bodily symptoms while the tranquilizer relieves the accompanying tension.

Another advantage of these drugs is that they often do more than just tranquilize. Meprobrate, for example, causes skeletal muscles to relax. This makes it doubly useful for patients upset by arthritic twinges and

spasms. In the same way, hydroxyzine has a heart-slowing action that's useful for patients who suffer cardiac palpitation when emotionally upset.

Many of the tranquilizers have turned out to be potent antiemetics, too. Perphenazine (Trilafon), for instance, often stops severe vomiting dramatically, as do prochlorperazine (Compazine) and triflupromazine (Vesprin).

Tranquilizers such as trimeprazine (Temaril) are claimed to control itching. And reserpine

More on 88

le Patient

BY RUTH C. OLEKSIIJ, R.N.

As I started down the stairs to leave, a door into the hallway suddenly opened. A black-gowned old woman in a boned, net collar and high-buttoned shoes stepped out.

"I didn't hear you, my dear," she apologized. "You're the nurse? Please step in."

This was Miss Minnie, I dis-

covered. My patient, Miss Charlotte, lay in bed at the opposite side of the cluttered room.

My call slip read: "Avitaminosis, anemia, constipation, s.s. enema, p.r.n." What a task I faced!

I carried water from a faucet in the butler's pantry. I heated it on a tiny Sterno stove in this one

UNFORGETTABLE PATIENT

lived-in room. I carried wastes to the upstairs toilet . . . up and down, back and forth.

As the autumn afternoon darkened, Miss Minnie lit a kerosene lamp. I looked at the empty electric light fixtures and thought: How pitiful to live in such poverty! I wonder why they don't get county assistance.

Finally Miss Charlotte was resting comfortably. Miss Minnie gratefully thanked me and asked me to sit down.

As I relaxed, she brewed tea and talked of the family and of the years gone by. Her wrinkled face glowed.

She pointed to her family's ancestral chart, hanging above the mantel. "We go back to the Battle of Hastings in 1066," she said.

Listening to Miss Minnie, I came to understand why she and Miss Charlotte lived here in their one room. I understood why they hadn't asked for county assistance and never would ask; and why they'd never make their lives a little easier by selling their family home.

They'd been brought up to believe that persons of character don't accept charity. No argument could convince them that public assistance, supported by their own taxes, wasn't charity. They were determined to keep their family name untarnished to the end.

Theirs was a foolish courage, perhaps, judged by today's standards. But it was a courage to honor and remember. END

M*idwinter midwifery*

A district nurse, describing her work in England's rural north, told me about a winter night's drive to deliver a baby.

Snow lay thick on the ground, and her little car got stuck in a drift some distance from her destination—an isolated farmhouse.

"Did you have to give up?" I asked.

"Good gracious, no!" she said. "I arrived like a Saint Bernard dog—on all fours, with my bag in my teeth!"

—RUTH DREW (ON B.B.C.)

Get Those Employment Details

in writing!

By Helen Creighton, R.N., J.D.

One of the best shortcuts I know to dissension and disillusionment among employed nurses is the verbal employment agreement. Let me use as an example a friend of mine, Mary Saunders.*

After five years of nursing experience, Mary completed work for her bachelor's degree. Then she applied for an instructorship at one of the accredited nursing schools.

She was delighted when the director, an R.N., offered her the

position; and she accepted at once. She expected to receive a written contract. But the director didn't mention one, so Mary decided not to press the point.

It was then early July, and her new work didn't start until September. When she failed to hear from the school by mid-August, she decided to inquire. The director greeted her cordially, although with obvious embarrassment.

"As you know," she said, "we hired you subject to cancellation if we found a candidate with a master's degree. We've recently

*All names used in this article are fictitious.

EMPLOYMENT CONTRACTS

hired such a candidate. I meant to write you, but I've been extremely busy."

Mary says she'll never forget this incident. She adds: "That woman did *not* tell me I was hired subject to cancellation. She selfishly kept me dangling just to be sure she'd have someone available if her preferred candidate found a better job."

Deliberate violations of oral employment contracts, such as this one, probably don't occur often. But unintentional violations may and *do*. In either case, the nurse who's working under an oral contract finds it almost impossible to take any effective counteraction.

You Can't Prove Anything

Why? Because when you work under an oral contract, it's difficult to prove just what you agreed to do. So, in case of a dispute with your employer, you may have to go along with his interpretation of the contract—or resign.

In contrast, a written contract protects both you and the employer. It protects you against any changes in the terms of the

contract without your consent. And it protects the employer against misunderstandings that often arise with an oral contract.

Here are the essentials of a legally enforceable contract:

1. There must be a real consent by the contracting persons.
2. There must be a valid consideration (something of value received by one contracting person or given up by the other).
3. The object of the contract must be lawful.
4. The contracting persons must be legally competent.
5. The contract must be in the form required by law.

Such a contract may be made either by word of mouth or in writing. In either case, you have the right to accept or reject the terms *before* you accept the consideration. But once you accept, your employer has the right (whether he exercises it or not) to control the work you do and the way you do it.

Now, suppose your employer writes you a *letter* instead of giving you a formal contract. That's fine *if* the letter covers the necessary points. Such a letter can be a contract—or a part of

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one—if you accept the terms. Any letters you send the employer stating your understanding of the terms may form the other part. It's desirable, therefore, to save all correspondence you receive and also to keep a carbon copy of all replies you send.

What if you receive a contract or a letter of employment that does not include all the points agreed upon verbally during your interview? Then ask to have those points also in writing. If you don't, you may find yourself in a situation like this:

Ruth Wallace was caring for her aged parents on a small farm. They needed financial help; so, since she was an R.N., she applied for work at the nearest hospital. The administrator offered her a written contract at a salary of \$240 a month, with no pay increases specified. But he assured Ruth that there would be increases later on "for good service."

Ruth took him at his word and signed the contract. She worked hard to give "good service" deserving of a raise. When none was forthcoming by the end of her first year, she asked the director about it.

"I'm sorry," he said, "but we just don't have the money. You agreed to work for \$240, and we can't pay more at this time."

Three years have passed and Ruth still works for the same low salary. "I've stayed on because of my family situation," she says. "But, believe me, any contract I sign in the future will include *all* the details."

Just what *are* "all the details" a contract should cover? Unless you know most of them and see that they're included, some surprising things can happen. For instance:

John Nolan worked himself up to become charge nurse of the male urology division at a city hospital. He was on permanent tenure and got a month's paid vacation yearly. *More►*



EMPLOYMENT CONTRACTS

This was fine. But in 1957, the hospital added a "cost of living" clause to the contract of all persons hired thereafter. So now John watches unhappily while newcomers *only* get "cost of living" increases. A provision in his contract to preserve existing wage relationships would have headed off this inequity.

* * *

Beginning on this page, you'll find a sample employment contract. This is a condensed version of one suggested by the American Nurses' Association.

You may not be able to use this contract exactly as written. But the numbered points in the margin will serve as a useful check-list.

Getting employment details in writing sometimes takes courage, tact, and persistence. In some situations, it may also require united action by your nurses' group. But it's sound practice to specify an acceptable contract as a condition of employment. Then you know exactly where you stand and can plan your future accordingly.

SAMPLE EMPLOYMENT CONTRACT

Check-List of Major Factors

1. Date _____ Date: _____
2. Employer 1. The employer _____ located
(name of institution or individual)
3. Employee at _____ employs _____ residing at
(street, city, state) (name of employee)
_____ for the position of _____. The
(street, city, state)
4. Employee's duties duties, responsibilities, and authority of such employee are as follows: _____
5. Pay rate 2. The employer shall pay the above-designated employee a salary of \$ _____ per _____ exclusive of main-
(day, week, or month)
6. Schedule of pay raises tenance. Merit raises of \$ _____ per _____ for
(day, week, or month)
satisfactory service will be paid every _____ months until the

**Check-List of
Major Factors**

7. Work week employee attains a maximum of \$____. Such salary is based upon a regular forty-hour work week. The employee will work _____ hours.
(rotating shift, day duty, evening duty, or night duty)
8. Shift
9. Pay rate above basic work week If the employee is regularly required to work more than a forty-hour work week, the rate of compensation for all work in excess of forty hours per week is \$____per hour.
10. Vacation terms
11. Vacation scheduling 3. The above-designated employee shall be granted a vacation with pay at the rate of ____working days per month, and cumulative to____working days. Vacations shall be scheduled to fit the requirements of the employer, but, insofar as possible, preference will be given to the expressed wishes of the employee.
12. Paid holidays 4. The above-designated employee shall be granted the following holidays with pay: _____.
If any such holiday shall fall on her day off or during a vacation period, one additional day off will be given within _____weeks before or after the holiday.
13. When a holiday falls on vacation days
14. Sick leave 5. The above-designated employee shall be entitled to sick leave with pay on the basis of _____working days for each month of continuous employment, cumulative towork-____ing days. After using accumulated sick leave, leave of absence without pay for a period up to _____days for personal illness shall be granted.
Leaves of absence for critical illness or death in the immediate family, or for professional or educational purposes, or for maternity shall be granted by mutual agreement between the employer and the above-designated employee.
15. Leave of absence for sickness
16. Leaves of absence for other causes
17. Physical examinations 6. A physical examination, including_____, shall be
(details)
given the above-designated employee within the first week of employment and shall be repeated annually without cost to the employee, who shall be given a report of each examination.
More▶

EMPLOYMENT CONTRACTS

SAMPLE EMPLOYMENT CONTRACT *continued*

Check-List of Major Factors

18. No purchase of maintenance

19. All other employee benefits

20. Nurse's licensing

21. Date contract starts

22. Periods of contract

23. Notice to terminate

24. Grievance authority

25. Employer's signature

26. Employee's signature

7. The purchase of maintenance shall not be obligatory. The above-designated employee shall participate in the following employee benefits: _____

(group health insurance, group life insurance, laundry of uniforms at cost, meals when on duty at cost, etc.)

8. The above-designated nurse states that she is a duly licensed _____ nurse with current registration (registered or practical)

in _____. If a non-licensed nurse, state title and basis (state)

thereof: _____

9. This agreement shall be effective for the period beginning _____. It shall continue in effect for subsequent periods of _____ unless either

(days, weeks, months, years)

party shall give to the other _____ advance (days, weeks, months)

notice in writing of a desire to terminate the agreement.

10. It is mutually agreed by employer and employee that any grievance relating to the conditions of employment and the employee's services contemplated by this contract shall be referred to _____

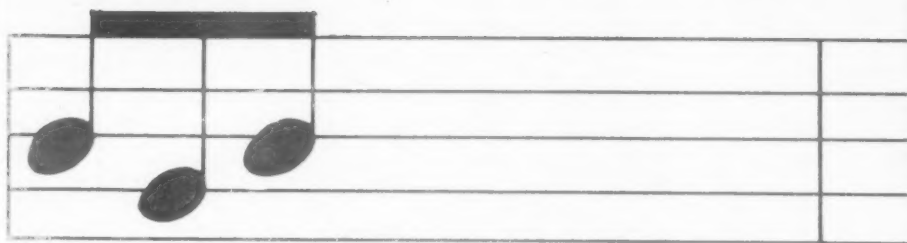
(person to whom grievances may be taken for investigation, arbitration, review, etc.)

Signed: _____ (institution, agency, individual employer)

(representative of the employer)

(employee)

END



The Ogre Who Hummed

By Erna K. Nunn, R.N.

It was back in the days when doctors were generals and supervisors were colonels. The student nurse seldom heard a word from the general—but if the colonel called, she came running. So when the call for me came from the super's office, I reported promptly.

I entered the room with fear and trembling. Miss Hedges, the supervisor, looked up over her glasses and smiled when she saw me in the doorway.

"I just want you to know," she said warmly, "that we're very happy with your progress." Then she added: "You'll report back to Dr. Georges in surgery tomorrow. He has requested it."

"Thank you, Ma'am," I said in relief, and turned to go.

"Wait a minute, please," Miss Hedges called. "Did you hear what I just said? Dr. Georges has asked for you in surgery!"

"Yes, Ma'am," I replied, suddenly realizing that she was desperately curious. And because she'd been so friendly, I knew I could confide in her.

"He isn't *really* an ogre, Ma'am. He's strict, but he's very nice. The girls who call him The Ogre just don't know him."

"I'm sure he's nice," Miss Hedges agreed. "I've known Dr. Georges for twelve years."

She paused and adjusted her glasses. "And in twelve years

THE OGRE

he's asked me to take many girls off surgery. But he's never before asked by name for one to be put on."

She paused again while I worked up my courage to go on. "If you'll promise not to tell anyone—especially Dr. Georges—"

"You can depend on me. Now sit down, dear, and tell me your story."

Arias in the O.R.

"All right," I said. "This is what happened:

"When I was first assigned to Dr. Georges, I arrived in the scrub room to find him already scrubbing. He was humming a tune from an opera; but as I started scrubbing, he stopped near the middle of it.

"I knew and liked the aria. It just didn't seem right to leave it hanging there in mid-air, incomplete. So before I even thought about it, I started humming the melody where the doctor had left off. And I hummed it right to the end.

"Then I realized what I'd done and looked fearfully in the doctor's direction. He ignored me completely; yet I thought I detected a half-smile on his lips and a twinkle in his eye.

"Next morning the same thing happened. The doctor hummed an aria from a different opera, stopped somewhere near the middle, and seemed to wait expectantly as if to say, 'Let's hear you finish *that* one!'

"I did finish it, too, humming happily and forgetting that the man listening to me was at once a famous surgeon and The Ogre of our hospital.

"The game went on all during my assignment to surgery—every morning a new aria and the suspense of wondering whether I'd be able to finish what the doctor had started. But I did finish, every time . . ."

As I ended my story, Miss Hedges started laughing.

"Please don't be offended," she managed to say. "I'm laughing at myself, not at you. I think I'm a good nurse—but *you* managed to learn that Dr. Georges is a human being twelve years faster than I did! I just learned it."

All too Human

"I don't understand—"

"You will when I tell you what Dr. Georges said. He phoned me ten minutes ago. 'Why did you take that alert little student off

More on 86

This Hospital Gives Its Nurses



By Mary Tuomey, R.N.

A few years ago Los Angeles County General Hospital (3,000 beds) had trouble recruiting enough new nurses and keeping those it had.

This wasn't unusual for a hospital with a staff of 800 nurses. And no one would have blamed Director of Nursing Evelyn Hamil and her assistant, Betty Hartwig, if they'd just sat back and accepted the situation as unavoidable.

But they didn't. They studied the problem from every angle. And they decided that *size* was a part of their trouble.

L.A. General, they reasoned, was so big that it seemed impersonal. This scared away many prospective staff nurses. And

some R.N.s who did join them—especially those from smaller hospitals—soon left because they felt lost and insignificant.

What to do about it?

They reasoned thus: (1) When we give our patients T.L.C., this makes them feel important. (2) Nurses need to feel important, too. (3) So let's give our nurses T.L.C.

They immediately found ways to put more warmth into their personnel program. Result? Today they have the help of an additional 140 nurses. Staff turnover is way down. And their patients are benefiting from the care that a larger, more stable staff can give them.

Here's what they did, and do:

T.L.C. FOR NURSES

They personalize recruitment.

When Mrs. Hartwig gets a written job inquiry, she replies with a personal letter rather than a form letter. She makes periodic trips to recruit nurses. And she attends nursing conventions so that interested nurses can discuss employment with her.

They personalize orientation.

Each new R.N. spends her

first day with Mrs. Hartwig. Together they talk over hospital and nursing policies, and Mrs. Hartwig answers questions about the nurse's work. Later, over coffee, she introduces the nurse to Miss Hamil and others, and they chat informally.

For several weeks Mrs. Hartwig helps the new nurse to "settle in" and feel at home. She may assist her with apartment-hunting. She may arrange for a get-together with a nursing-school classmate who's on the staff, or a staff member who's from the recruit's home town.

From the first day, Mrs. Hartwig thinks of the new nurse as a member of the hospital's "family." She remembers the little things that are important to the nurse as a person—for instance, an anniversary or a birthday.

They carry on a continuing personal relationship.

As the nursing staff's trouble-shooter, Mrs. Hartwig is always available to discuss professional problems (with older nurses as well as with the newcomers). Nurses are also encouraged to come to her with personal difficulties. And many of them do, especially during their first year.

Says Miss Hamil: "These



A WARM WELCOME from Betty Hartwig (left) starts the new nurse's first day. This newcomer to the staff is Agnes Brodie of Scotland.

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TRANSPORTATION PROBLEM is posed by Janice Court (right), who's unfamiliar with the L.A. Freeway. So Mrs. Hartwig helps with a map.



JOB OPPORTUNITIES interest these senior students, whom Mrs. Hartwig hopes to recruit for the L.A. County General Hospital nursing staff.

things help show our nurses that we do care about them and their problems. I believe many hospitals would have less of a nurse

shortage to worry over if they took steps to make their nurses—not just their patients—feel important.”

END

*This is the second of two articles
based on an exclusive RN interview*

Is Nursing Really a

EDITOR'S NOTE: In Part I of this article (January, 1960, issue), Eli Ginzberg, PH.D., contended that nursing is not a profession for these reasons:

- *The nurse's basic education—especially that which she receives in the two- and three-year nursing schools—is too scant to qualify her as a professional person.*
- *Too many college and university nursing programs emphasize administration when they should be emphasizing nursing practice.*
- *Not enough nurses carry on continuous basic research aimed at improving professional theory and practice.*
- *Nursing doesn't have the independence of a true profession.*
- *There are too many R.N.s for the economy to support at the salary level of a profession.*

Dr. Ginzberg is no stranger to nurses and their problems. More than ten years ago, he headed a national study on the role of the nurse in modern society. The results, published as "A Program for the Nursing Profession," helped bring about the establishment of several college nursing programs.

In this concluding section of his interview with an RN editor, Dr. Ginzberg defines the professional nurse and tells how he thinks R.N.s can raise themselves to professional status.

The editors invite your comments.

Is Nursing a Profession?

Not yet, says this interested observer. But it can become one by developing a hard core of superior nurses

BY PATRICIA D. HORGAN, R.N.

"You've asked," said Dr. Eli Ginzberg,* "for a definition of nursing at what I consider a professional level. Let me answer by giving my concept of the truly professional nurse.

"She'll be a top-level practitioner with more authority than today's nurse. Her relationship with the doctor will be similar to, say, the relationship between the general practitioner and the specialist. In other words, she'll have a voice in controlling the moves affecting her patient.

"For example, I can see a nurse with advanced training and

experience in surgery making the observations and recommendations on which the surgeon will base his decision whether to operate, and when to operate. And after the operation—the doctor having made his initial visit and outlined the post-op care—I can see the nurse taking over responsibility for such things as dressings and the management of fluids."

"This," I said, "is what many nurses would like to see happen. But we're realists. We can't see the doctor sharing his authority in this way."

"In some areas, he has already begun to share it," said Dr. Ginzberg. "Take psychiatry, for ex-

*Dr. Ginzberg is Professor of Economics at the Graduate School of Business, Columbia University, and director of the university's Conservation of Human Resources Project.

NURSING: A PROFESSION?

ample. In many institutions, a large part of what psychiatrists are doing is based on the recommendations of nurses who are in constant contact with the patients.

"And why do these psychiatrists act on the nurses' recommendations? For two reasons: (1) They recognize their nurses as competent specialists. (2) They just can't keep in close contact, personally, with their many patients. So they *have to* rely on the nurses, who can.

When Will It Come?

"As time goes on, population growth will get so far ahead of the doctors that, like today's institutional psychiatrists, they'll become swamped. They'll have to turn over decision-making in more, and broader, areas of patient-care. But they'll insist that before they release authority, those who would receive it must be experts in their field.

"The nurse deals with the patient's total needs. So she'll have to have a sound knowledge indeed before the doctor will hand over a large share of the decision-making about his patient!"

"That explains your opinion that we need to improve our ed-

ucational programs before we can become professionals," I said. "Now what other steps do you believe we should take?"

Dr. Ginzberg paused. "First," he said, "you'll want to restudy the nurses' work as it relates to the physicians' work. You'll want to decide—with the cooperation of the medical profession—exactly what work can be done by a group of superior nurses.

"Then you'll select these first professional nurses from your present ranks. (There won't be many of them at first.) You'll pick nurses who are outstandingly competent because of (1) natural talent, (2) a high level of academic and clinical training, and (3) a record of exceptional performance.

"You'll promote recognition for these nurses among other nurses and doctors. You'll help them get assignments appropriate to their skills.

"Second, you'll set up standards for your new corps of professionals. You'll mold the standards to fit the kinds of jobs that are open, or are likely to be open. You'll designate the kind and amount of education required.

"Third, you'll recruit and educate only the number of profes-

professional nurses you think are needed. Economically, this last point is very important. Only by limiting your group to, say, a top figure of 70,000 can you hope to get professional pay.

"Now, let's suppose you've started this elite corps. Your

next step is to face the fact, frankly, that there are some 800,000 to 1,000,000 men and women in the business of patient-care.

"When you do, you'll recognize—as many nurses already recognize—that those outside the

Nurses' Caps Help Recruitment



Hobbyist Marjorie Belcher [left] isn't an R.N. But her unique collection of 156 nurses' caps helps to recruit future nurses in and around Boston, where it's often displayed in store windows and at future-nurses' meetings. Here she arranges a display at Quincy, helped by an F.N.C. sponsor. Her caps have come from schools in all fifty states and in several foreign countries.

NURSING: A PROFESSION?

ranks of R.N.s are co-workers, not competitors. You'll recognize that it's proper to use some of them at certain levels of work after a short period of job training. You'll recognize that still others can function well at higher levels after a longer period of work *and* study.

"Finally, you'll see yourselves—the present R.N.—in true perspective. You'll proudly recognize that the R.N. is the key to the future progress of those below and the new group above. For those below look up to her for advice and training. And many of the new professionals come from her ranks.

"I believe that while you're thinking this through, you'll recognize that nurses with two to three years' *training* (as opposed to *education*) are, rightly speaking, *technicians*. You'll start thinking of them as technicians. But your pride in them won't change. For you'll know that good technicians are respected by everyone.

"When you've arrived at this viewpoint, I think you'll quit fighting futile battles about status. Instead, you'll concentrate on developing your professional group. And you'll see to it that

avenues are left open so that everyone of ambition and ability—from the newest aide to the most experienced R.N.—can move toward the top.

"Let me illustrate: Many of today's teachers, lawyers, and engineers started their working lives as, say, clerk-typists, salesmen, and factory workers. But they went to night school while they worked, or took time off for college. And when they became qualified, the professions they had prepared for accepted them."

You'll Need Help

Dr. Ginzberg paused again, then concluded: "One final word of caution: From what I've seen, you nurses tend to go off by yourselves to try to solve your problems. Don't tackle *this* problem on your own or you may never manage to lift yourselves to a professional level!

"The advances I've been talking about will come *only* after a tremendous amount of cooperative effort. You'll need to enlist the help of hospital administrators, of educators, and—above all—of doctors. Once you have these friends on your side, you can move ahead with excellent chances for success." END

Circus

at St. Luke's

By Barbara J. Pack, R.N.

How much would you guess a 522-bed hospital spends for dishes each year? How much for ball-point pens? For adhesive tape? For thermometers?

If you shrug your shoulders in answer to these questions, you're giving the same answer many of us R.N.s at St. Luke's Hospital* in Chicago would have given a short time ago. We just didn't know and we weren't interested. It was the hospital's problem, not ours.

Yet these are the annual figures for the above items at St. Luke's: dishes, \$1,545; ball-point pens, \$2,700; adhesive

tape, \$4,000; thermometers, \$5,000.

Astonishing? We members of the Committee on Care and Conservation of Equipment and Supplies thought so too! And when we learned that careless handling causes much of this yearly cost, we resolved to do something to help the hospital whittle these figures down to size.

What was needed, we decided, was a dramatic display to call everyone's attention to the need for better C and C (care and conservation).

For six months the administration had been salvaging damaged supplies and equipment

*Recently merged with Presbyterian Hospital and now called Presbyterian-St. Luke's Hospital of Chicago.

C AND C CIRCUS

thrown into the disposal containers and down the chutes. Needles, syringes, scissors, forceps, metal basins, dishes, hot water bottles — even bedpans and urinals—had shown up in the scrap display.

With the enthusiastic help of our student nurses, we planned a "circus" with the scrap heap as our main "performer." To arouse curiosity, we spread the

word that the C and C Circus was coming, with no further explanation. Later, we put up colorful posters that announced: "Refreshments! Displays! Win a Dinner for Two!"

We followed the circus theme in each display. We tried to be entertaining and yet impress the viewer with the seriousness of the C and C problem.

For example, we constructed a giant adhesive-tape tapeworm as one of our circus animals. A sign reminded the viewer that maybe he or she was guilty of using adhesive tape for everything from patching shoes to posting notices on the bulletin boards.

We displayed pieces of damaged equipment and a collection of common supplies, all with their costs attached. We offered a free dinner to the two persons who came closest to guessing the cost of our six-month scrap display.

When our C and C Circus opened its two-day stand in the conference room of the main

STUDENT NURSE Carol Borchert looks over the \$6,184 worth of discarded hospital equipment featured at St. Luke's C and C Circus.



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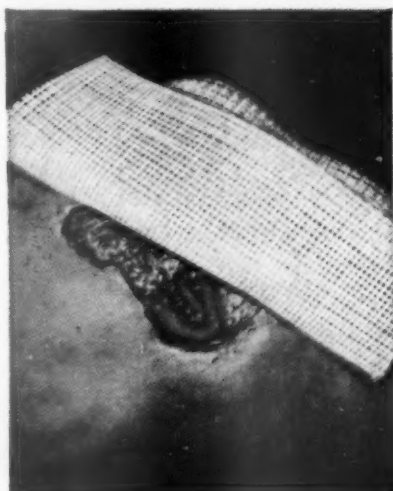
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C AND C CIRCUS

hospital building, head nurses, department supervisors, and physicians were among the early visitors. They were impressed by the displays and appalled by the waste that was shown.

Nurses and supervisors made arrangements for their staff personnel to attend. Physicians took the word back to their residents, internes, and clerks. Before our "big top" folded, practically every employe at St. Luke's had seen the displays.

At the close of the second day, we announced the winners of the dinner for two. An aide and a cook had guessed that the discarded items on display had cost \$6,000. Their guess was just \$184 less than the actual cost.

The first two weeks after our

circus, the amount of supplies and equipment showing up in the disposal areas reduced itself by 39 per cent. The next two weeks it dropped off 75 per cent. Central Service gleefully reported that all equipment now being returned after use was properly cleaned and otherwise in tip-top shape.

Of course, we won't know for some time whether our circus helped improve the conservation of small items such as thermometers. But we're hopeful that the hospital's general supplies of all types will last much longer than formerly.

At least everyone at St. Luke's now knows that carelessness costs money—lots of it! END

THIS ARTICLE WON AN RN AWARD FOR ITS AUTHOR.

Gone but not bottled

Back in the 1930s, nurses were expected to preserve surgical patients' appendixes, kidney stones, and whatnot in glass jars; for the patients usually took them along when they left the hospital.

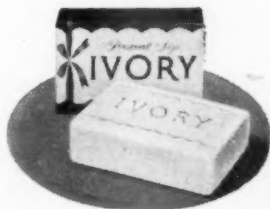
Like most R.N.s, I had learned to take this custom in stride—until one day an elderly patient, about to go home, hesitated at the door of his room and said, "Nurse, I'll be on my way as soon as you get me my hernia."

—DONNA O'NEILL ALLFIE, R.N.



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How Do You Rate With Your Patients?



At this hospital, R.N.s flock to the nurses' station when questionnaires come back from patients telling nurses how they're doing

By Joy Monti, R.N.

Your patient is being discharged. You've given him your usual good care. But . . .

Unless he's one of those grateful few whose words of appreciation are a nurse's most satisfying reward, you can't help but wonder: How well have I done? What's his opinion of the care he received?

In so wondering, you have lots of company. For most staff nurses never really find out just

how they rate with their patients.

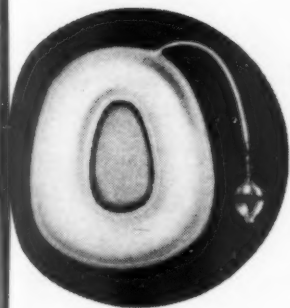
But at Ochsner Foundation Hospital in New Orleans, we staff nurses *do* find out. And, believe me, this knowledge makes for real job satisfaction. We're whole-heartedly in favor of the continuing patient-survey that gives us such information.

Here's how the survey works:

A questionnaire is mailed to each discharged patient a week

More on 76

FOR INVALIDS AND INCONTINENT PATIENTS



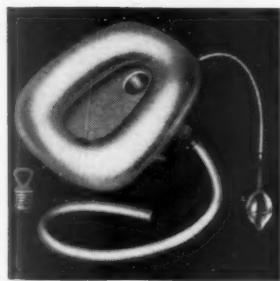
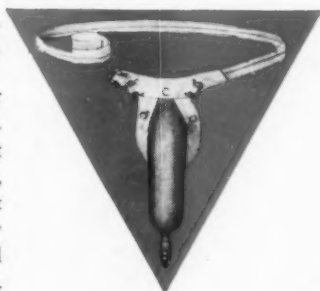
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IF YOU
CHEAT
(JUST A LITTLE)
ON YOUR
DIET

1



Most people
cheat on
their diets



the newer
concept:
plan on
restricted
snacking
from a
low-calorie
snack list.



Before meals
or at bedtime ...



or skip meals,
now and again

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or raid the
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NURSE RATING

or two after he goes home. Among other things, it asks these questions related to nursing care:

1. When admitted, were you told about routine hospital procedure and the facilities available in your room?

2. Did the nurses and others introduce themselves on their first visit?

3. Were the nurses and aides attentive to your needs, and did they answer your calls promptly?

4. Were the nurses friendly and interested in you and your illness?

The patient is asked to check

a "Yes" or a "No" beside each question. He's also asked to add his comments.

Nearly 300 questionnaires (about 60 per cent of those sent out) are returned monthly. Since they're coded by room number, they're easily sorted and routed to the floor supervisors.

That's our cue as floor nurses to get in on the results! And we lose no time in doing so. When a batch of questionnaires arrives, we flock to the nurses' station in groups to find out what patients are saying.

Naturally, the supervisor does



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NURSE RATING

not show us unfavorable comments that are aimed personally at any R.N.s present. (Why embarrass them in front of others?) She holds out such comments—they're very few—and shows them privately to the individuals so criticized. That way, a critical remark has a far more telling effect on a nurse's future conduct than it would if the supervisor herself rebuked the nurse.

We see all other questionnaires, including those unfavorable to the group as well as those that praise the group or individual nurses. Here are some typical comments:

¶ "I rarely had to ring my bell. My nurses seemed to know what I needed before I could ask for it."

¶ "All nurses were friendly and attentive—especially Miss B—. She made me feel that I was the only patient who mattered."

¶ "I was never treated so royally in my life!"

Of course, not all comments are so favorable. Occasionally we're pulled up short by a sudden rash of complaints about a particular service—for example, answering call lights.

When this happens, we talk the matter over. Then we work out some plan whereby we can

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NURSE RATING

pinch-hit for one another. (In handling call lights, for instance, if Nurse A is busy elsewhere at a particular time, her lights will be answered by Nurse B or Nurse C.)

Statistically, the survey shows that our most common shortcoming is our failure to introduce ourselves on our first bedside visit. (Some of us apparently rely too much on the name pins we wear.) But even in this regard, we know we're improving; for last year such complaints dropped noticeably.

In fact, the figures show that we're improving all along the line. For example: Only 3.3 per cent of last year's patients said we were not prompt enough in answering calls, as compared to 4.3 per cent for the previous year.

Catnip

Working nights for the first time, a young nurse in our hospital was trying hard to keep an accurate record of each patient's condition.

One morning I found this notation on the chart of a patient with a profusely draining wound: "Puss ran all night."

Beneath it, the doctor had softly penciled, "Naughty kitten."

—ANGELINE BONNOT, R.N.

There's one other important consideration: We all know this survey isn't a secret scheme aimed at checking up on us individually. We recognize it for exactly what it is: a guide that can lead us to better patient-care and—if we use it properly—to personal self-improvement.

Speaking for my own floor, I can attest that the survey helps keep us happy, encourages close cooperation, and makes us justifiably proud of a job well done.

And speaking for our Director of Nursing Services, Miss Elizabeth Moser, R.N., I can add: The survey has definitely helped in keeping staff turnover to a minimum.

So, if your hospital plans a similar project in the future, I feel confident you'll be pleased with the results.

END

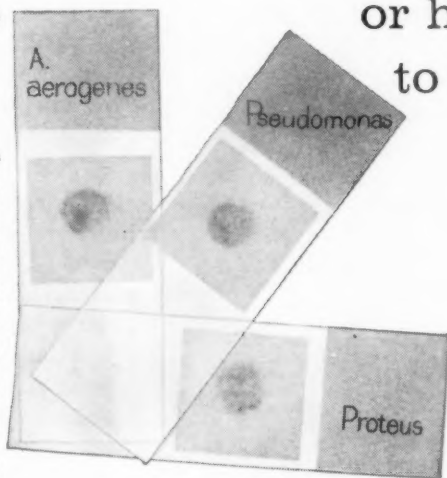
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1. Department of Clinical Investigation, Lederle Laboratories, F. M. Phillips, Director. Interim Report on Clinical and Pharmacologic Investigations.
2. Finland, M.; Hirsch, H. A., and Kunin, C. M.: Read at Seventh Annual Antibiotics Symposium, Washington, D. C., November 5, 1959.
3. Hirsch, H. A.; Kunin, C. M., and Finland, M.: *München. med. Wchnschr.* To be published.
4. Roberts, M. S.; Seneca, H., and Lattimer, J. K.: Read at Seventh Annual Antibiotics Symposium, Washington, D. C., November 5, 1959.
5. Vineyard, J. P.; Hogan, J., and Sanford, J. P.: *Ibid.*

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WHAT'S NEW IN

Drugs

Man-Made Penicillin: A new synthetic antibiotic, potassium alpha phenoxyethyl penicillin (*Syncillin*, *Maxipen*), reportedly hits germs that resist natural penicillin. Ordinarily, such bacteria release an enzyme, penicillinase, that destroys penicillin before it can attack them. But the new synthetic staves off the germs' chemical counter-attack.

The new antibiotic may also help solve the vexing problem of penicillin allergy. In clinical trials among several hundred patients, it is said to have caused no severe sensitivity reactions.

This phenoxyethyl penicillin salt may be only the first of a whole new family of tailor-made antibiotics. Chemists hope both to trim away allergy-producing parts of the penicillin molecule and to incorporate atom groups that will make even more effective penicillin products.

Injection for Muscle Spasm: A new injectable form of the powerful skeletal muscle relaxant, methocarbamol (*Robaxin Injectable*), is designed for fast relief of acute spasm.

Dripped into a vein or injected

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New Shinola "deep-cleans" as it whitens
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touch-up makes them dazzling white!

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white polish that
"deep-cleans" so
beautifully to *save*
you work!



Shinola®
White PASTE OR
LIQUID

WHAT'S NEW IN DRUGS

into a muscle, methocarbamol is said to work usually within ten minutes. The chemical is carried by the blood to the spinal cord, where it blocks nerve impulses streaming in from areas of injury. This keeps sensory signals from triggering muscle contractions.

Once the worst reactions to sprains, strains, and dislocations have been controlled by the injection, the patient can reportedly be kept comfortable by oral dosage.

Postoperative Bowel Normalizer: A drug that supplies extra amounts of a B-complex vitamin is claimed to counteract the constipation that often follows surgery.

Pantothenyl alcohol (*Ilopan*, *Cozyme*, D-P-A Injection) and a related chemical, calcium pantothenate (*Panthoject*), furnish pantothenic acid, a vitamin that plays an essential part in bowel function. The body uses it to make acetylcholine, the nerve chemical that transmits messages to intestinal smooth muscle.

Injected intramuscularly after an operation, this substance is said to keep the bowel working normally. It thus reduces the danger of paralytic ileus.

Drug for Dropping Pressure: A new drug for bringing down high blood pressure—trimethidinium methosulfate (*Ostensin*)—is said

to work without causing constipation.

The new chemical stops the signals that constrict arteries, yet lets normal nerve impulses get through to the gut. This prevents the constipation that sometimes occurs when a pressure-reducing agent cuts off motor messages to the intestine as well as to blood vessels.

Taken by mouth before meals, the drug is said to produce a prompt, long-lasting blood-pressure drop. Combined with thiazide-type diuretics, it's even more effective. By adding pilocarpine to the patient's schedule, the doctor helps keep the patient's vision from becoming blurred by the drug's nerve-blocking action.

To Melt Muscle Spasms: Neurologists are now using two new German drugs to fight Parkinson's disease (paralysis agitans).

Reports about one, chlorphenoxamine (*Phenoxene*), say it relaxes cramped, rigid muscles and relieves tiredness and despondency.

The second drug, biperiden (*Akineton*), is also called effective in reducing muscle rigidity. Neuropsychiatrists report that it's useful in helping to rid mental patients of muscle disorders brought on by high doses of certain tranquilizers.

—MORTON J. RODMAN, PH.D.

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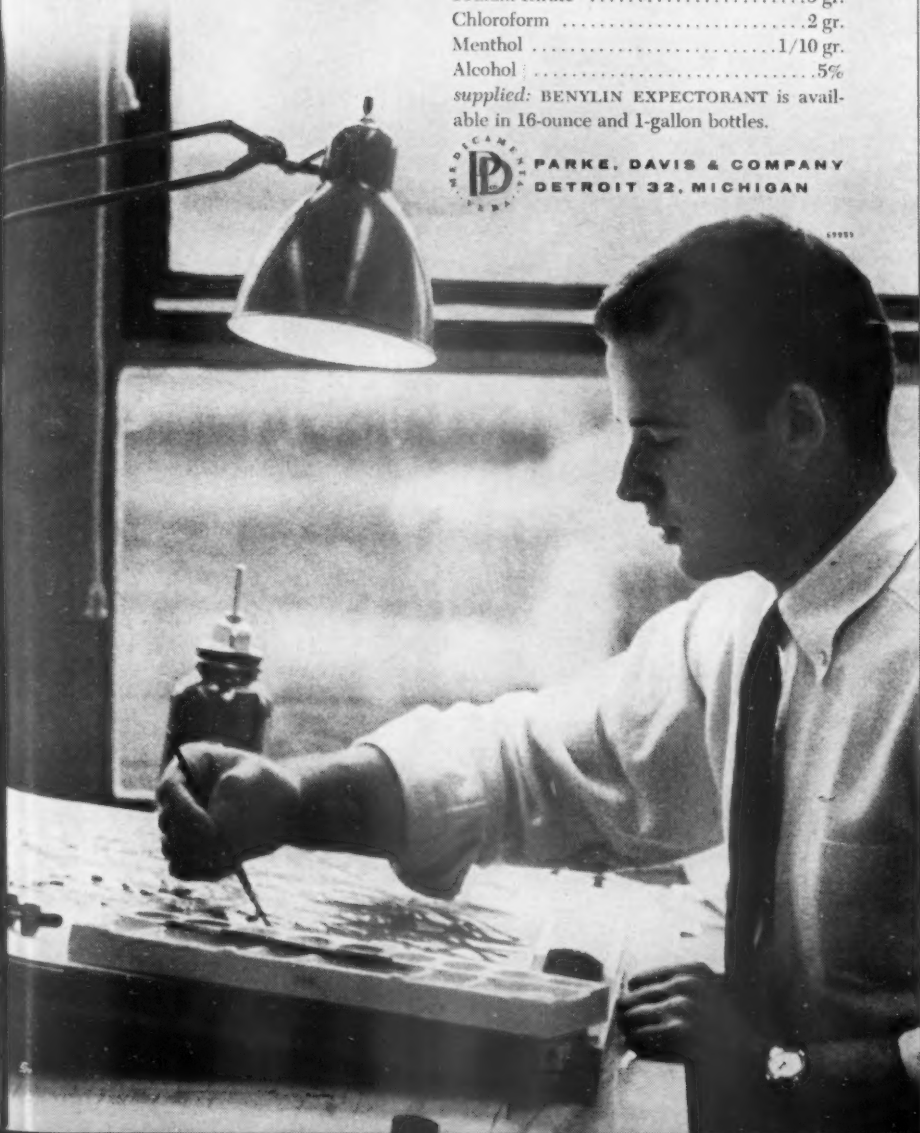
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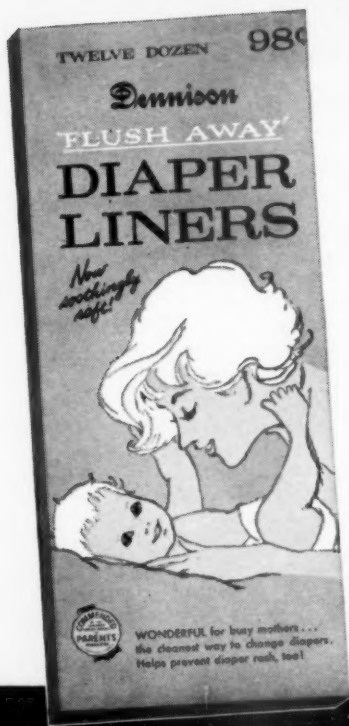
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Ammonium chloride	.12 gr.
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Menthol	1/10 gr.
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86 RN • FEBRUARY 1960

The Ogre Who Hummed

Continued from 58

my surgical team?" he asked me. "Put her back on! She's the most understanding young lady I've ever met!"

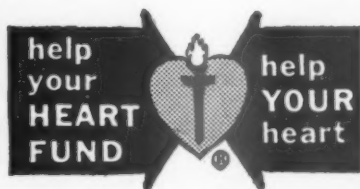
I looked blank. Miss Hedges studied my face.

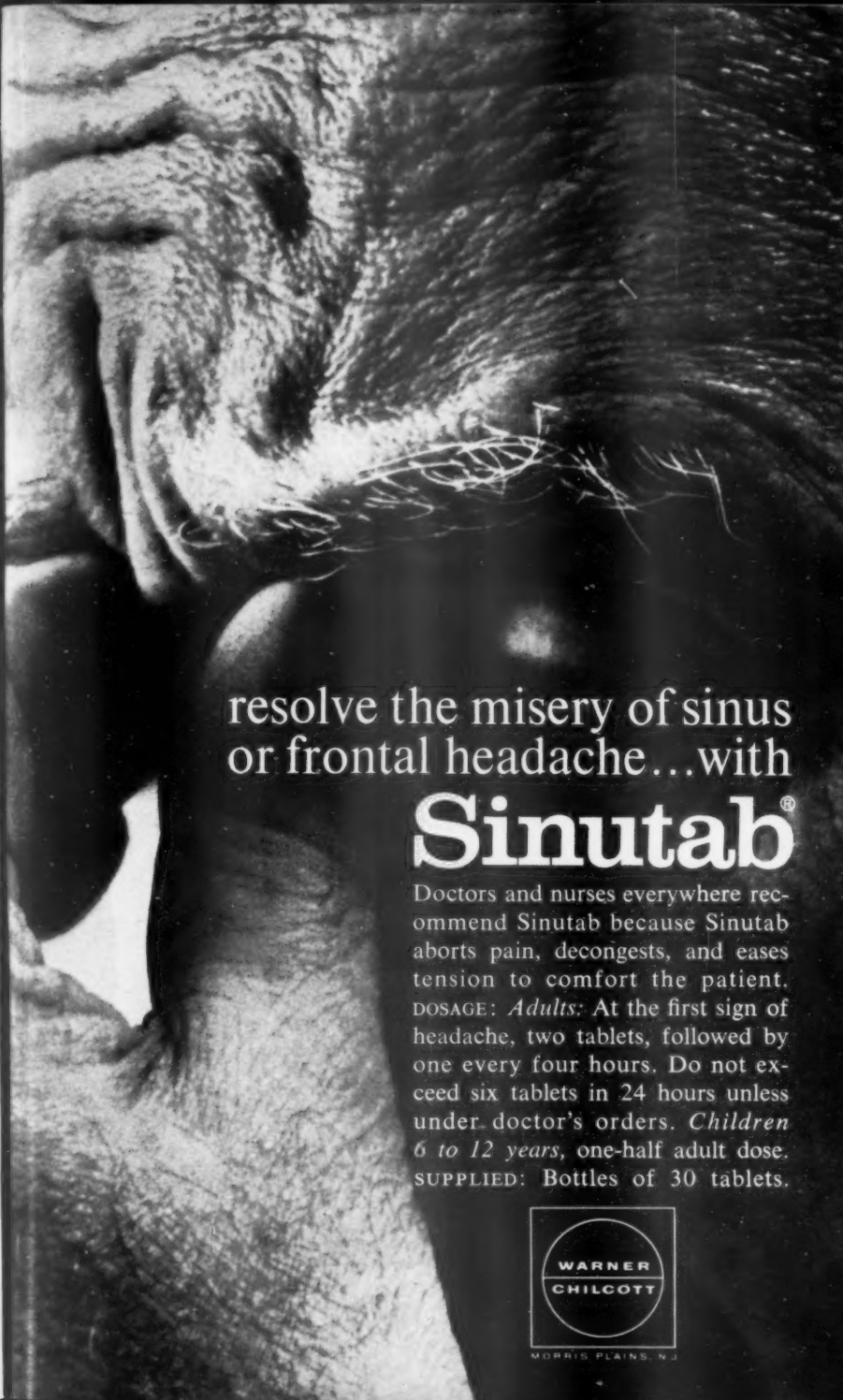
"I forget you're so young," she said finally. "You see, dear, Dr. Georges is afraid. He blusters to cover his timidity and to generate courage enough to do his life-saving work. This wholesome comradeship of music you started touches him and strengthens him."

Then she added: "We'll keep his secret, you and I, as long as he needs your help."

And that's what we both did—until today, when Dr. Georges' obituary appeared in the morning papers.

END





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or frontal headache...with

Sinutab[®]

Doctors and nurses everywhere recommend Sinutab because Sinutab aborts pain, decongests, and eases tension to comfort the patient.

DOSAGE: *Adults:* At the first sign of headache, two tablets, followed by one every four hours. Do not exceed six tablets in 24 hours unless under doctor's orders. *Children 6 to 12 years,* one-half adult dose.

SUPPLIED: Bottles of 30 tablets.



MORRIS PLAINS, N.J.

Where We Stand Today With Tranquilizers

Continued from 49

(Serpasil, et al.) lowers a patient's blood pressure sent soaring by emotional stress.

These helpful mental and physical actions have led doctors to try tranquilizers in a wide variety of clinical conditions. All the returns aren't in yet as to their eventual value. But their relative lack of toxicity, many doctors feel, makes them well worth a trial.

While they don't "cure" mental illness, the tranquilizer drugs have helped change the picture for the better in many psychiatric conditions. For the first time in decades, fewer patients are entering mental hospitals than are

being released. This stems mainly from the fact that these drugs make it possible to manage many patients at home and to control acute episodes in general hospitals.

The new drugs let patients work who once wouldn't have been able to hold a job. Those who have to be hospitalized stay there only half as long as before. And the number of patients who need electroshock treatments has been cut to a quarter of what it once was.

'They're Here to Stay

So, to sum up: The tranquilizers seem here to stay. The drugs we now have may not do all that's been hoped for. But they're much more effective than earlier treatments for mental and emotional illness. And they're bound to get better as the research race for stronger yet safer drugs goes on.

END

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100 mg., prophenpyridamine
maleate 7.5 mg., and codeine
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Exempt narcotic.

Both forms taste GOOD.

* 1. Bickerman, H. A.: *In Drugs of
Choice* 1958-1959, ed. by W. Modell,
Mosby, St. Louis, 1958, p. 562.

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An Alcoholic Speaks to Nurses

Continued from 44

Nurses who recognize the progressive symptoms of alcoholism, who know how to handle alcoholics, and who are aware of the resources available to them can help bring about the recovery of hundreds of otherwise hopeless victims.

Cecelia Graham, R.N., head nurse at the Presbyterian Hospital (Neurological Service), New York City:

Most of us R.N.s get only a limited introduction to the subject of alcoholism in nursing school. We may read a few chapters about it in a textbook and perhaps hear a lecture or two. It's no wonder, then, that our first encounter with a hospitalized alcoholic may scare us half to death!

Unfortunately, this limited experience tends to color our thinking. We try conscientiously to give this sometimes screaming, writhing, almost insensible creature the same objective care we give other patients. But be-

cause we haven't learned enough about the alcoholic, we react against him.

I remember my own first violent alcoholic patient. After two days he had revived so much that he seemed miraculously well. He began telling me about the troubles his drinking had created. He assured me he'd give anything not to drink.

I was puzzled, helpless, and a bit irritated. I tried to comfort him and be kind. But I was acting instinctively, without understanding his difficulty. When he was discharged, I knew in my heart that I hadn't been of much help to him. So I resolved right there to learn more about alcoholism.

Some months later this patient was back on my floor in the same acute condition. But by now I'd cast off my prejudice. I knew that alcoholism is indeed a disease and that it *can* be permanently arrested.

I'd been to a few meetings of Alcoholics Anonymous and had become convinced that AA's program really works. When my patient reached the talkative stage, I kept suggesting AA until he agreed to call the phone number I gave him.

More▶

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selection features our exclusive KLIKette snap-button that pops on and off for ease of laundering.

Sold at fine stores everywhere.

Your name and address on a postal card will bring you our latest style brochure.

ALCOHOLISM

This experience convinced me that the nurse who combines kind, firm, nursing care with an understanding of the alcoholic's psychological needs can give her patient crucial help at the time he needs it most. Our primary job is to bring him hope.

An unidentified advertising executive:

I am an alcoholic.

I know from personal experience that the most effective way the nurse can help her alcoholic patients is to refer them to AA. Here's why:

Half the alcoholics who come to us at AA quit drinking at once. A fourth go on one more binge, then quit. Another ten per cent struggle for months but finally make it. Thus eighty-five per cent of our membership wins the agonizing battle against alcohol.

I believe you'll agree that this is a remarkable record. Here are some of the principles we follow to achieve it:

First, we recognize that the alcoholic is emotionally a child. So we treat him as such. For instance, when he hears that alco-



raw throats

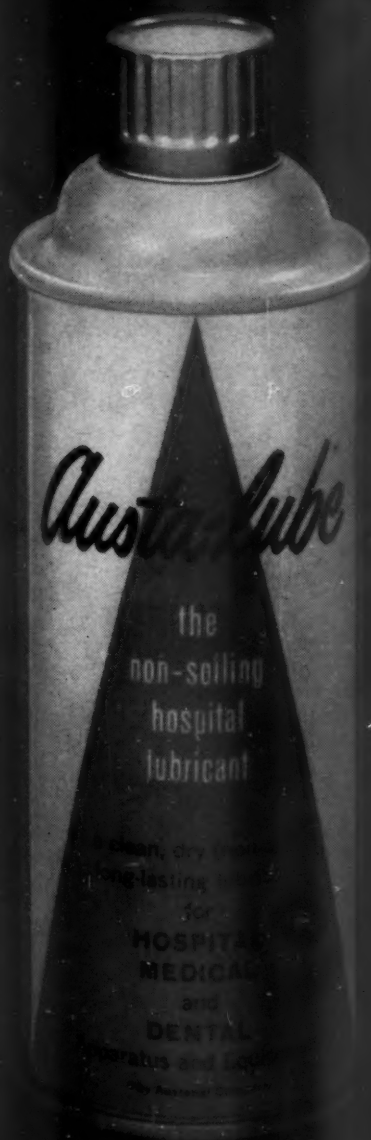


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94 RN • FEBRUARY 1960

ALCOHOLISM

holism is a disease, he may fall back on this as an excuse for his drinking.

"You can't blame me," he says. "I'm sick!"

"Yes, you're sick," we agree. "But it's a sickness that will never bother you again if you learn to live without alcohol. You can never again take another drink."

He can't face this at first, so he starts asking, "Why am I an alcoholic?" He frantically tries to find an answer—any answer—that will help get him off the hook easily. *More▶*

- ▶ **AMUSING . . .**
- ▶ **AMAZING . . .**
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No doubt one of these adjectives describes some incident that has occurred in the course of your work as a nurse.

Why not share the story with other R.N.s?

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—Caffeine, 15 mg.—dependable, mild stimulant.

DOSAGE: Adults—2 tablets three times daily.

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Bottles of 20 and 100 tablets.

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ALCOHOLISM

We bring him up short. "It doesn't make any difference why," we tell him. "Whatever it is, you've got it, just as we have. The only question of concern to you is this: Can you live from now on without ever taking a 'first' drink?"

As nurses, you've probably heard about the "magic" of AA. This is simply an act of two-way communication: One man seeks help and another man gives it.

AA tries to help all who have even the faintest urge to stop drinking. So we welcome anyone the nurse directs to our door.

The best way to find out more about AA is to attend our open meetings. Nurses are always welcome. You can learn the time and place of meetings in your town or city by calling the AA number listed in most telephone books.

You'll find that unless you know us personally and how we operate, you'll seldom succeed in getting your patients to call us. The grown-up child you're dealing with is scared of the trap he's in—but he's also smart, and he's suspicious. He can tell whether you know what you're talking about when you say AA can help him. If you don't, you may as well save your breath. **More▶**

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ALCOHOLISM

Ruth Fox, M.D., consulting psychiatrist, New York City:

I agree that AA is one of the most useful resources that you, as nurses, can turn to when helping your alcoholic patients. But the majority of alcoholics need at least a minimum of psychotherapy too; and some isolated, inhibited alcoholics can't accept AA at all.

For these patients, group therapy may offer a better approach. Also, the hospital social worker, or the chaplain, or a member of the patient's family can often help.

Unfortunately, your efforts to steer the alcoholic toward any of these resources will fail unless you can persuade him that he's worth saving. And this is often difficult.

You usually see the alcoholic during an acute phase when he's physically, psychologically, and spiritually ill. If you feel contempt for him, he'll sense it. But if you accept him without reservation, you can make him feel worthy of your concern. Then he'll respond.

Even when he's brought to the hospital with delirium tremens, the alcoholic is not too hard to handle. His initial violence needn't be alarming, for it will

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Contains: Silicones (dimethylpolysiloxane), Norwegian Cod-Liver Oil, Zinc Oxide Hexachlorophene, Improved Lanolin.



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ALCOHOLISM

soon be over, thanks to the tranquilizers.

Physically, he may recover rapidly. But he still needs help at many levels. Your reassurance and gentleness are vital to him.

The alcoholic has deep, unsatisfied longings for love, power, and prestige. But he knows that he runs little chance of ever fulfilling these longings. So he's frustrated and frightened. His moods vary. He shifts from love to hate at a moment's notice. He's tense, angry, guilt-ridden, and full of self-loathing. And he may hide all these emo-

tions under a show or arrogance. In short, he's difficult to put up with!

As in many other illnesses, the first step the alcoholic patient takes toward recovery is the most important. We doctors know from experience that the nurse can successfully direct this step. But you need to keep calm, accept the alcoholic as worthy of your best effort, and even joke with him in a motherly way.

Your task is this: Think of your alcoholic patient as a child, but treat him sympathetically as an immature adult. END

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Use a 10% solution of Alconox in water for 15 minutes. Soak instruments, needles, etc. in a solution of Alconox in a gallon of tap water or more.

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Use a 10% solution of Alconox in water for 15 minutes. Clean instruments, needles, etc. in a solution of Alconox in a gallon of tap water or more.

RINSING

Rinse thoroughly with clean water. Rinse instruments, needles, etc. in a solution of Alconox in a gallon of tap water or more.

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After the soaking, cleaning and rinsing, place the instruments, needles, etc. in a solution of Alconox in a gallon of tap water or more. Autoclave at 121°C for 15 minutes.

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
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RN • FEBRUARY 1960 101

What to Do in An Emergency Delivery

Continued from 41

uterus. By putting your hand on the mother's abdomen, you should be able to feel the uterus as a hard, grapefruit-like ball. You massage it *gently* to help stimulate the needed contraction, holding it up out of the pelvis as you do.

"Under most circumstances, medical help will have arrived by this time. But if you're working in a disaster area, you may have to move on to the next patient.

"If so, stay with the mother until you're reasonably sure that danger of hemorrhage is minimal. Teach the mother how to gently massage the uterus in case

it should begin to soften. Put an identification tag on the mother and the baby. See to it that the mother has hot fluids, warmth, and rest. Then turn her over to some responsible person who can carry on from there."

Miss DeClue paused while I again caught up with my note-taking. Then she concluded:

To Act Sure, Be Sure

"There's one thing I mentioned earlier that bears repeating: *The sureness with which the nurse acts and the resulting assurance she gives the mother are her most valuable contributions.*

"To develop such sureness, she may need to brush up occasionally on the approved techniques. Then she'll always be ready to act competently in an emergency delivery, bringing credit both to the profession and to herself."

END

When Constant
Scrubbing Irritates
Nurses' & Physicians' Hands



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*Tisdall and Jolliffe note the systemic relation in animals between vitamin C and resistance to infection, with increased needs evident in upper respiratory streptococcal infections.

— In: Clinical Nutrition ed. by
Norman Jolliffe et al. New York,
Paul B. Hoeber, Inc., 1950,
pp. 590-91, 637-38.


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news

Continued from 28

loving care to her patients. On the other hand, the reality of the nurse shortage makes it impossible for her to do so. Result: She's confused and frustrated.

This, in effect, is how Clark Middleton-Hope, a Montreal management consultant, sums up the nurse's dilemma. He adds:

Trying to meet the demands of reality and, at the same time, live up to the Nightingale tradition puts the nurse under a strain that often leads her to quit nursing. This problem has "serious implications"

for the future of nursing, he warns. It must be solved either by reducing the nurse's load or by changing the tradition.

capsules

British industrial nurses are reportedly seeking legal authority to give **morphine** to seriously injured workers when an M.D. isn't available at once . . .

Youths are being warned that blindness, paralysis, and death can result from "glue sucking," a teenage fad. According to the A.M.A.



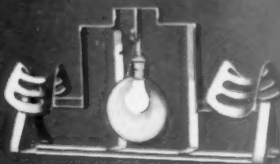
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news

News, addicts stuff a handkerchief filled with airplane glue into the mouth, then inhale and swallow the "glue juice"...

New approach to cancer research: Instead of trying to halt cancer-cell reproduction, find an agent that will increase it, suggests a French scientist. His theory: Cancer cells might be forced to divide so fast they would produce incomplete cells, thus stopping the growth and causing the cancer to wither away...

EEG tracings are better than X-rays for the early diagnosis of

multiple pregnancies, say medical officers at the Portsmouth (Va.) Naval Hospital. Studies they've made show 100-per-cent accuracy in cases diagnosed from the 20th through the 27th week of gestation...

Infusing **hot blood** that carries anticancer chemicals intensifies the drugs' action, Duke University reports...

Barbiturates should be taken five hours after—not before—anticoagulants, suggests a report to the American Heart Association. Reason: When taken first, the barbitu-

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rates may nullify the action of the anti-blood-clotting drugs ...

A new technique for correcting **clubfoot in infants** is said to establish normal muscle balance within eight weeks. The foot is put into a special cast which forces corrective movements in response to reflexes produced by stroking the sole ...

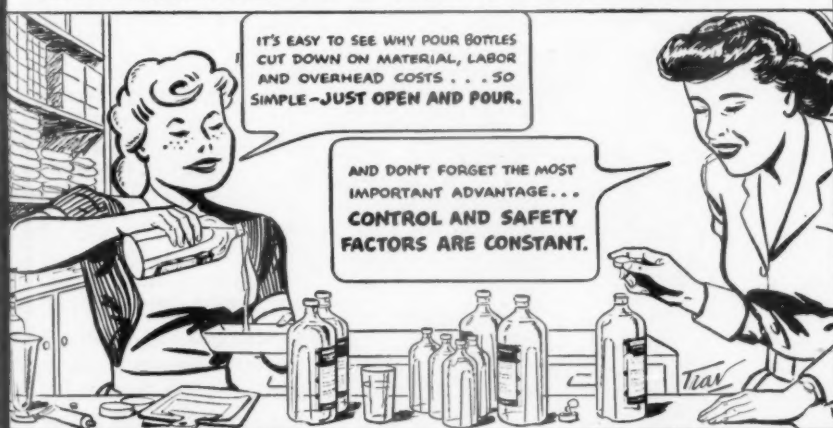
An insurance company called Cradle Cross now issues a policy for **expectant parents**, covering hospital/surgical/medical expenses connected with the birth of a malformed or a premature baby. The cost: \$35 ...

Lab tests at the University of Nebraska show that abnormally high cholesterol levels can prevent **blood clots**, according to Nutrition News Service ...

Contrary to popular belief, a tinted lens or windshield impairs **vision at night** and makes driving more dangerous, warns an A.M.A. committee ...

Nearly all of us have **cancer** at some time without knowing it, contends Dr. George T. Pack of Cornell University. He believes immune factors in our bodies curb most cancer attacks ... END

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RN positions

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ANESTHESIA COURSE: The Albany Hospital School for Nurse Anesthetists offers a 12 month course of training in anesthesia for registered nurses. Course begins Sept. 1. Accredited by the A.A.N.A. G.I. approval. For information write Albany Hospital School for Nurse Anesthetists, Albany Hospital, Albany, N.Y.

ANESTHESIA COURSE: The Memorial Hospital, Danville, Va., offers an 18 mos. course in Anesthesia for registered nurses. All treatments and techniques taught. Complete maintenance and stipend paid for entire course. Approved by The American Assoc. of Nurse Anesthetists and G.I. Approval; participant in the Exchange Student Program. Classes accepted in May and November. For information write Miss Virginia L. DeMaio, C.R.N.A., Director, School of Anesthesia, The Memorial Hospital, Danville, Va.

ANESTHETISTS: (a) Also act as administrator, 20 bed hsp. Minnesota, excellent financial support. (b) Work with M.D. Anes. 18 man clinic, Ohio, salary, percentage; (c) Cover price, 40 bed hsp. Wis. \$8000 start; (d) OB by, well renowned M.W. hsp. univ. affil. \$4000 plus; (e) Florida, joint staff of six, large resort area, \$6000 up. RN 2-2, Burneice Larson, Medical Bureau, 900 N. Michigan Ave., Chicago 11, Ill.

ASST. DIRECTOR OF EDUCATION: Affiliate School of Psychiatric Nursing, private psychiatric hsp., modern facilities, located in Philadelphia area. Includes teaching as well as administrative responsibility for affiliate program. Good personnel policies, salary dependent on qualifications. Write Box PH-1 c/o R.N. Magazine, Oradell, N.J.

ASST. DIRECTOR NURSES: 267 bed JCAH approved hospital. Near Philadelphia. Charge in-Service education for graduate staff. B.S. or M.A. Degree preferred. Salary commensurate with experience and education. Director of Nursing, Chester Hospital, Chester, Pa.

ASSISTANT DIRECTRESS OF NURSING: For a modern 100 bed teaching hsp. devoted entirely to pediatrics. Air-conditioned bldgs part of modern medical center located in Texas. Bachelor Degree from an accredited school of nursing is req'd and Master's Degree desired. Liberal salaries and personnel policies with merit system benefits. Apply in writing submitting detailed resume to: Director

of Personnel, Texas Children's Hospital, 6621 Fannin, Houston 25, Tex.

ATTRACTIVE OPPORTUNITY: A new 50 bed wing, now under construction, allows us to offer attractive positions, all shifts and types. Starting salaries \$305 day, \$330 eve., \$320 night, \$320 surgery. 215 bed JCAH Hospital (when construction is completed) Capitol City, growing medical center. Home of Frontier Days, Metropolitan Denver and resort areas 2 hrs. away. Excellent personnel policies, 40 hr. wk., 2-3 wk. vacation, sk. lv., new Nurses Residence at reasonable rates. Apply Dir. of Nursing, Memorial Hospital, Cheyenne, Wyo.

CENTRAL CALIF.: Staff R.N.s basic salary \$325, 40 hr wk. Write Nurse Supt., enclose picture. Hanford Community Hospital, Hanford, Calif.

CLINICAL INSTRUCTOR FOR OPERATING ROOM: In hospital diploma program with NLN accredited school of nursing. Student body 200. Experience and preparation desirable. Salary commensurate with experience and educational preparation. Apply to Director of Nursing, The Toledo Hospital, Toledo, 6. O. **CLINICAL INSTRUCTORS:** In Medical Nursing and Obstetrical Nursing. Large general hospital located in fine residential district. School of Nursing full accredited by the N.L.N. with a student body of 199. Educational preparation and experience preferred. Salary dependent upon qualifications. Position open January 1, 1960. Apply Director of Nursing, The Toledo Hospital, Toledo 6, Ohio.

DIRECTOR OF NURSING: Service and education with assistant in each area. 3 yr. diploma program with college affiliation. 338 bed J.C.A.H. accredited general hospital, expanding to 500 beds in 1961. Excellent personnel practices. Liberal starting salary. Apply Box DH-2, c/o RN Magazine, Oradell, N.J. **DIRECTOR OF NURSING (PSYCHIATRY):** \$492-\$583 monthly determined by experience. Vacancy at County Asylum, 2900 patient hospital located on beautiful grounds of Milwaukee County Institutions, with affiliate program for professional and practical nurses training, patient population predominantly seniles, 40 hr. work wk. University training in nursing administration or education and affiliation in psychiatric nursing, eligibility for registration in Wisconsin, 2 yrs. supervisory experience. Liberal employee benefits, sound annuity and pension system including social security, pd. holidays, vacation and sick allowance. Apply Milwaukee County Civil Service Commission, Room 206-Courthouse, Milwaukee 3, Wis. **DIRECTOR SCHOOL OF NURSING:** For National League for Nursing provisionally

accredited diploma school, student body of 150. Masters in Nursing Education preferred. 40 hr. wk., salary commensurate with qualifications. Good personnel policies, Social Security, group hospitalization available. For complete details contact Harold L. Peterson, Administrator, Baroness Erlanger Hospital, Chattanooga 3, Tenn.

DIRECTORS OF NURSES: (a) Large gen. hsp. near Wash. D.C., accred. school, to \$12,000; (b) Capable administrator of nursing service, 500 bed hsp. West Coast, to \$12,000; (c) Direct nursing, 150 bed hsp, all grad staff, Ohio. \$7500; (d) Direct nurses 70 bed hsp. near ocean resorts, Florida, \$6000 up; (e) Overseas, direct education native students, \$6,14,000; (f) Direct nursing, large psych hsp. M.W. \$9000 up. RN 2-3, Burneice Larson, The Medical Bureau, 900 N. Michigan Ave., Chicago 11, Ill.

EMERGENCY ROOM NURSE: 3 to 11, 154 bed general hospital located in beautiful residential suburb along the North Shore of Lake Michigan just North of Chicago. Starting salary \$340 for days, \$370 for evening, \$360 for nights, 40 hr. wk. Modern ranch style nurses homes with attractively furnished private bedrooms. Contact Personnel Director, Highland Park Hospital Foundation, Highland Park, Ill.

FREE TRANSPORTATION FOR REGISTERED NURSES: Spend your Winter in the Sunny Southwest, in New Mexico, "The Land of Enchantment." Vacancies for staff duty on Med.-Surg., O.B., Pediatrics and O.R. Free transportation via 1st Class Air to Albuquerque and return in exchange for 1 yr. employment contract. Apartments available at \$43 per mo. Excellent job benefits, no shift rotation. Salaries \$300/mo. to start, \$15 differential evenings and nights. Write or call Director of Nursing, Presbyterian Hospital Center, 1012 Gold Avenue S.E., Albuquerque, N. Mex. Phone CHapel 3-5611.

GENERAL DUTY NURSES: Immediate openings in OR, Obstetrical and Medical and Surgical Units. Rotating or permanent afternoon or night tours of duty. Bonus of \$20 for OR, afternoon and night tours. New 196 bed hospital, 45 mins from NYC. Modern nurses residence. Apply Director of Nursing, Phelps Memorial Hospital, North Tarrytown, N.Y.

GENERAL DUTY NURSES: For JCAH accredited 210 bed general hospital with NLN provisionally accredited school of nursing. Pleasant suburban environment 35 mi. from NYC. 40 hr. wk. \$300 per month. \$30 differential for 3-11 and \$20 for 11-7. Regular increments, liberal personnel policies including generous sick time and vacation allowance. 8 paid holidays. Scholarship aid available for continued collegiate study. Social Security, good living facilities provided at \$30 per month. Call or write Director of Nursing, White Plains Hospital, White Plains, N.Y. Telephone White Plains 9-4500.

GENERAL DUTY NURSES: 120 bed hosp, southern Wyoming community of 12,000. Liberal personnel policies, 40 hr wk, starting salary \$310 with a charge of \$23 for full maintenance, additional \$10 per mo for eve and night duty with regular increases. Surgical nurses starting salary \$320 plus \$5 per call after 5 pm. Write Director of Nurses, Memorial Hospital, Rock Springs, Wyo.

GENERAL DUTY NURSES: 118 bed general hospital located in a beautiful residential section along the North Shore of Chicago. Salary \$365 days, \$395 evens., \$385 nights. 40 hr. wk. Modern ranch style nurses' homes

with attractively furnished private bedrooms. Contact Personnel Director, Highland Park Hospital Foundation, Highland Park, Ill.

GENERAL DUTY NURSES: \$369-\$421 monthly determined by experience. Vacancies exist at various county institutions for general, mental, tubercular, emergency or dispensary duty. 40 hr. work wk. Certificate of registration in the State of Wisconsin or eligibility thereto. Vacancies also exist in the following positions: Graduate Nurse II—\$395-\$455, Graduate Nurse III—\$439-\$512, Graduate Nurse IV—\$455-\$535, Nurse Anesthetist—\$439-\$512. Liberal employee benefits, sound annuity and pension system including social security, paid holidays, vacation and sick allowance. Apply Milwaukee County Civil Service Commission, Room 206-Courthouse, Milwaukee 3, Wis.

GENERAL DUTY NURSES & OR NURSES: 3-11 p.m. gen. duty, hospital on San Francisco Bay. 5 day wk. salary \$335 plus \$15 added for 3-11 and \$10 for OR duty. Maintenance available. Director of Nursing, Alameda Hospital, Alameda, Calif.

GENERAL DUTY STAFF NURSE: New and modernized 300 bed general hospital offering top salaries and opportunities to advance. Evenings \$76.80-\$89.60 per wk, nights \$73.60-\$86.10, days \$64.00-\$75.60. Openings in Medical, Surgical, Obstetrics, Pediatrics, Operating Rooms and Emergency Room. 40 hr wk, merit increases, liberal policies. On Long Island Sound, 45 mins to N.Y.C. Modern nurses residence and school. Apply Director of Nursing, Stamford Hospital, Stamford, Conn.

GENERAL DUTY STAFF NURSES: Vacancies on all services due to completion of new wing which has increased bed capacity above 400. Private general hospital with 125 student school of nursing, 3 yr. diploma course. University nearby for advanced study. 40 hr wk. Excellent salary and liberal benefit program, including noncontributory pension plan in outstanding midwestern institution. Centrally located in the city and convenient to residential and shopping facilities. Living accommodations adjacent to the hospital available at nominal rent. Contact Personnel Director, Milwaukee Hospital, 2200 W. Kilbourn Ave., Milwaukee 3, Wis.

GENERAL DUTY, SURGICAL AND PEDIATRIC NURSES: 276 bed gen. hosp. in residential suburb of Chicago. 40 hr wk, cash salary and live in, \$285 day duty, \$315 PM duty, \$310 night duty plus private room in new nurses residence, 3 meals per day and free laundry of uniforms. Cash salary and live out, \$330 day duty, \$360 PM duty, \$355 night duty plus 1 meal and free laundry of uniforms. Low rental apartments available for married nurses. Planned service increases at regular intervals. Many other benefits. Write Personnel Director, MacNeal Memorial Hospital, Berwyn, Ill.

GENERAL STAFF NURSES: Positions of all services with opportunity for professional advancement in a 400 bed hospital. Rotating or permanent evening and night assignments. 40 hr. wk. Salary \$345 to \$372.50 per mo with planned merit increases, substantial evening and night differential. Administrative positions filled by promotion. Retirement pension plan, Blue Cross, Social Security, liberal vacation and sk. lv. policy. Convenient transportation to educational and cultural facilities accessible. Good residential area. Apply to Director of Nursing, West Suburban Hospital, Oak Park, Ill. [MORE]

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Source: Peters, B. J.: J. Michigan M. Soc. 57:1419, 1958.



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(1) Williamson, P.: Practical Use of the Office Laboratory and X-Ray, Including the Electrocardiograph. St. Louis, C. V. Mosby Company, 1957, p. 41. (2) Free, A. H., and Fonner, D. E.: Studies With a Combination Test for Detection of Glucose and Protein, Abstract of 133rd Meeting, American Chemical Society, San Francisco, April 13-18, 1958, pp. 14c-15c.

protein

glucose

pH



ADUATE NURSES: For general duty, 75 general hospital, new air-conditioned, with modern equipment. **Beginning salary \$275 a** with differential for eve and night duty operating room nursing. Good personnel policies, 5 day, 40 hr wk, vacation, pd sick lv, holiday time. Located in beautiful central Florida. Apply Director of Nurses, Seminole Memorial Hospital, Sanford, Fla.

ADUATE NURSES: Opening of new main building has created attractive positions for nurses in medical, surgical, obstetric and gynecologic divisions of 450 bed non-sectarian general hospital with NLN fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Apartments available in immediate neighborhood. Apply Miss Louise Morrison, Director of Nursing Service, Mount Sinai Hospital, 1800 E. 105th St., Cleveland 6, Ohio.

ADUATE NURSES: Positions open in Los Angeles County at Rancho Los Amigos Hospital near Downey, and Olive View Sanatorium near San Fernando. Sal. \$375 mo., with yearly raises to \$464. Must be grad. from an accredited school and registered in Calif. Write Personnel Office, 13001 Paramount Blvd., Torrance Calif., OR Personnel Office, Olive View, Calif.

ADUATE STAFF NURSES: Excellent opportunities for staff nurses in large teaching hospital. New salary scale \$370-\$400 days and \$430 evenings and nights. Room accommodations in attractive residence at reasonable rates. Convenient transportation to hospital. Write Director of Nursing Service, Dept. of Mt. Sinai Medical Center, 2750 W. Belmont Pl., Chicago 8, Ill.

ADUATE STAFF NURSES: Opportunities for men and women on all services including psychiatry and Operating Room. Well planned rotation program, tuition free courses at university. Low cost housing in nurses' residence. Recreational and cultural opportunities. Salary range \$340 to \$375. 3 wks vacation, 6 pd holidays. Follow your impulse and write to: Director Nursing Service, University Hospitals of Cleveland, Cleveland 6, Ohio.

ADUATES: Mercy College of Anesthesiology offers an 18 mo AANA approved course for graduates of accredited schools of nursing. Write: Director, Anesthesia Dept., Mount Sinai Mercy Hospital, Detroit 35, Mich.

ADUATE STAFF NURSES: Obtain great job satisfaction in a friendly, 250 bed, non-sectarian, community, teaching hospital, located in Chicago's residential northside. With a \$2 million development program underway, we already have progressive programs in intensive nursing care, inhalation therapy, disposable supplies, blood bank and delivery room. You'll like the working conditions, the esprit de corps, the recognition, the benefits and the salary—\$370/mo. base salary for days (more if you qualify); \$270/mo. bonus for each Saturday, Sunday or holiday worked; to \$390/mo. during first yr. regular merit reviews; to \$410/mo. on annual reviews; \$30/mo. differential for P.M. night duty; \$15/mo. differential for critical duty; \$410/mo. starting salary for staff nurses with merit increases up to \$450/mo. Many liberal benefits including vacation up to three weeks for staff nurses, paid sk. lv. a time off, 40 hr. wk., pd. holidays, hospital insurance and discounts. Reasonable housing in neighborhood. Ravenswood Hospital, 1931 West Wilson Ave., Chicago 40, Ill.

HIGH CALIBER REGISTERED NURSES:

We need good nurses interested both in latest scientific therapy and old-fashioned warm care of patients with cancer and allied diseases. Teaching and research center offers valuable experience. Adequate staff of top nurses maintained. University-affiliated inservice education, access all NYC educational programs. Good basic preparation required, learn specialty here where patients receive active surgical-medical-radiation therapy. Not a chronic disease hospital. Teachers college learn-earn plan available for study-experience program on full salary. Staff nurses: day \$340-380 mo., eve. \$395-437, nite \$384-426. 4 wks vacation, 1½ pay for overtime, uniforms laundered, Blue Cross pd by center. Minimum rotation. Suture nurses: base salary plus ½ pay for on call. Housing agent helps you locate. Thelma Laird, R.N., Director of Nursing, Memorial Center, 444 E. 68 St., New York 21, N.Y.

IMMEDIATE OPENINGS: For Head Nurses in O.B., nursery, medical and surgical depts., 3-11 and 11-7, starting salary \$315, also scrub nurses in O.R., 7-3, starting salary \$310. New 200 bed hospital enlarging to 400 beds. Contact Supt. Nurses, Medical Center Hospital, P.O. Box 1631, Odessa, Tex.

INDUSTRIAL-OFFICE-CLINIC: (a) Stewardess, rail operations, N. Y., Calif. Wash., D.C., Fla. \$440, expenses; (b) Nurse Consultants, insurance company, one travel N. Y. State, others nationwide, must have industrial exp. \$5500, expenses; (c) Office nurse, manage busy M.D. practice, \$400, up, Chicago. RN 2-5 Burneice Larson, The Medical Bureau, 900 N. Michigan Ave., Chicago 11, Ill.

INSTRUCTOR-MEDICAL AND SURGICAL: Formal and Clinical Teaching. NLN full accreditation—one class yearly of approximately 40 students. B.S. degree and teaching experience required. Liberal personnel policies, salary based upon background. No nursing service responsibilities. 500 bed general hospital. Direct transportation to NYC in 35 mins. Write to Director of Nursing, Newark Beth Israel Hospital, Newark 12, N.J.

INSTRUCTORS: (a) Direct in-service program, approved 300 bed Florida hsp. \$6000; (b) Educ. Dir., 200 students in accred. school, 500 bed hsp, near Chicago, \$7000 up; (c) Nurse Educator, qualified to establish 4 or 5 year diploma course in conjunction with local college, good financial arrangement, South; (d) Fundamentals of Nursing, Science, 400 bed hsp, univ. affil. N. Y. \$7000 up. RN 2-4 Burneice Larson, The Medical Bureau, 900 N. Michigan Ave., Chicago 11, Ill.

LABORATORY MEDICAL TECHNICIANS: (3), three, male or female. Must be well qualified. Prefer certified, although not necessary. Also, one vacancy for outstanding certified biochemist technician. At the present time we are a 152 bed gen. hospital, plus 36 bassinets. New wing of 126 beds to be completed and ready for occupancy on or before Sept. 1960, which will make a total of 278 beds, plus a large out-patient department. Dept. completely modern in every respect. Personnel consists of full-time pathologist and 2 medical secretaries. Dept. consists of 6 technicians at present time. Excellent salary, depending on experience and qualifications. Living quarters in nurses' home, if so desired. All private rooms nicely furnished. Two wks. pd. vacation, 7 pd. holidays, 6 day bonus pay and extra pay for night calls. 40 hr. wk. Apply Dover General Hospital, Jardine St., Dover, N.J., c/o C. T. Barker, Director. **[MORE]**

MISCELLANEOUS RN'S AND LVN'S: For new Palo Alto Stanford Hospital Center. RN's general staff, top salaries, excellent personnel policies. Experience recognized. Apply Personnel Director, Palo Alto Stanford Hospital Center, 300 Pasteur Drive, Palo Alto, Calif. Davenport 1-1200.

NEEDED REGISTERED NURSES: General duty nursing for modern 78 bed air-conditioned JCAH accredited hospital located on Texas Gulf Coast, also industrial nursing. Many benefits including paid vacations, sk. lv., group insurance, retirement, stock purchase plan, etc. Excellent working conditions, salary commensurate with experience and ability. Send complete resume of education, training, experience and references in first letter to the Dow Chemical Co., Personnel Dept., Freeport, Texas.

NURSE ANESTHETIST: 364 bed general hospital being enlarged to 500 beds. Want to enlarge present staff of 1 M.D. plus 7 anesthetists. Salary from \$400 to \$600/mo. plus extra bonus payment per case for on call duty, and retirement and sickness benefits. New air-conditioned operating rooms. Apply Chief, Department of Anesthesia, York Hospital, York, Pa.

NURSE ANESTHETIST: 245 bed general hospital AANA member desired. IVE nurse anesthetist on staff. Write Assistant Administrator detailing experience and qualifications, Memorial Hospital, Casper, Wyo.

NURSES: Operating Room, General Duty, and Executive. Positions open in modern JCAH approved 139 bed hospital in process of expanding to 200 beds. Good salary, fringe benefits and 40 hrs. a wk., located on Gulf of Mexico halfway between two large cities. Apply to Director of Nursing, Memorial Hospital at Gulfport, Gulfport, Miss.

NURSES: For new 75 bed general non-profit hospital. Resort area. Contact Administrator, South Coast Community Hospital, South Laguna, Calif. HYatt 4-8501.

NURSES: Live in the Land of Enchantment where opportunities are awaiting you. Have opening for obstetrical and general duty RNs in accredited hosp. which is situated in a growing and thriving community with ideal climate. Salary range \$300-400 mo. for 44 hr duty. Liberal personnel policies. Sick lv plan with 6 holidays per yr. Also we pay differential of \$10 extra PMs. If interested please contact Administrator, Clovis Memorial Hospital, Clovis, N. Mex.

NURSES: General duty, 236 bed hospital, 30 mi from NYC. Apartment-style residence. Good salaries, free benefits and pension plan. Modern hospital. Write Director of Nursing, Morristown Memorial Hospital, Morristown, N. J.

NURSES: Openings for general staff positions in all areas of nursing: Medical Floor Ward, Surgical Floor Ward, Delivery Room, 3-11 Maternity, Private Floor mixed Medical and Surgical Nursing, and Intensive Care Unit. Good working conditions, 40 hr. wk., 21 days vacation, 14 days sk. lv. Salary \$290 5 increases (2 first yr.) experience considered in determining beginning salary. 406 bed, well equipped, general hospital in suburban Philadelphia, excellent transportation facilities, near colleges and universities. Director of Nursing, Bryn Mawr Hospital, Bryn Mawr, Pa.

NURSES: Supervisors and Team Leaders. Accredited 200 bed general hospital in suburbs of Washington, D.C. 40 hr. wk., merit increases, retirement plan. Accept graduates prior to registration. Nearby universities for continued

education. Director of Nursing, Suburban Hospital, Bethesda 14, Md.

NURSING INSTRUCTORS: \$395-\$512 monthly determined by qualifications and experience straight day shift teaching assignment at School of Nursing, Mairdale Sanatorium, affliating program for professional schools of TB nursing, college graduate & eligible for registration as nurse in Wisconsin. Liberal employee benefits, sound annuity and pension system including social security, paid holidays, vacation and sick allowance. Apply Milwaukee County Civil Service Commission, Room 204 Courthouse, Milwaukee 3, Wis.

NURSING SCHOOL EXAMINER: Immediate employment in professional nursing work which involves examining and counseling Kansas schools of nursing. Applicants should have a Master's Degree in Nursing Education and 5 yrs of experience in the field of nursing education. Must be eligible for registration in Kansas. Contact Miss Eula M. Benton, Exec. Adm., Kansas State Board of Nurse Registration & Nursing Education, 11th Floor, State Office Bldg., Topeka, Kans.

OBSTETRICAL SUPERVISOR AND INSTRUCTOR: Responsible for supervision of 76 bed unit—over 3600 births/year and teaching program for nursing students. Degree and/or satisfactory experience. Salary commensurate with qualifications. Liberal personnel policies. Direct transportation to NYC in 35 mins. Write to Director of Nursing, Newark Beth Israel Hospital, Newark 12, N.J.

OPERATING ROOM NURSES: For 475 bed hospital. Attractive salary, 40 hr. wk. Room with T.V. and air conditioner for Pd. Call. Living facilities available in Nurses Home minimal cost. For information write Director of Nursing Service, The Paterson General Hospital, Paterson 3, N.J.

OPERATING ROOM NURSES: For 400 bed private general hospital with new operating room suites. Experienced or will train. Require Wisconsin license, or eligible. No call duty. Excellent salary and liberal benefit program. Contact Personnel Director, Milwaukee Hospital, 2200 W. Kilbourn Avenue, Milwaukee 3, Wis.

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OPERATING ROOM SUPERVISOR: To direct staff of 25 in modern well equipped 19 room surgical suite of busy 276 bed suburban hospital, 20 mins. to Chicago Loop. Supervisory experience with post graduate training req'd. Salary attractive and open. Personnel Director, MacNeal Memorial Hospital, 324 South Oak Park Ave., Berwyn, Ill.

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R.N. NURSING SUPERVISOR: Require additional member of supervisory staff for 250 bed chronic disease sanitarium. Apply William H. Reiter, Administrator, Pinchaven Sanitarium, Pinewald, N.J. (Bayville P.O.) Telephone: Diamond 2-2050. [MORE]

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1. Langs, R. J. and Strauss, M. B.:
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2. Langs, R. J., Fuchs, A. M., and Strauss, M. B.:
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4. Kligman, A. M.: J.A.M.A., **171**: 592,
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REGISTERED NURSES: Geriatrics, a new field of nursing, opens for you at Pinehaven Sanitarium, a 290 bed institution for the care of the aged, chronically ill. Easier duties, lieu of retiring. Beautiful surroundings, congenial associates. Salary \$240 per mo, full maintenance and other benefits. Apply Pinehaven Nursing Home and Sanitarium, Pinewald, N.J. (Bayville Post Office). Will H. Reiter, Administrator. Telephone Dlam 9-2050.

REGISTERED NURSES: General duty, 50 bed general hospital, in the middle West, North Carolina resort area. Good personnel policies, starting salary for days \$275 per mo, additional pay for evenings, nights or rotation, 40 hr. wk. Apply Mrs. Emily Nesbitt, R.N., Director of Nurses, C. J. Harris Community Hospital, Sylva, N.C.

REGISTERED NURSES: Looking for satisfaction and educational opportunities, find both at Presbyterian Hospital in Philadelphia. General staff positions in cardiology, thoracic, medical-surgical, O.R. and Pediatrics. Salary range \$3,480-\$3,980 plus perquisites. Apply Director of Nurses, 51 No. 3rd St., Philadelphia 4, Pa.

REGISTERED NURSES: For Veterans Administration Hospital, Fort Howard, Maryland, located 15 miles from Baltimore. 100 bed GM&S hospital. Personnel policies include normal work wk. 40 hrs., annual leave 30 days, sk. lv. 15 days and legal holidays 8. Salaries junior grade \$4425, associate grade \$5205, with yearly increases. Night, housekeeping quarters available. Uniform allowances and laundry provided. Openings for both men and women. Contact Chief Nurse, VAH, Fort Howard, Md.

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REGISTERED NURSES: Starting salary \$210-\$360 per mo., fully accredited 291 bed hospital with all services, incl. ICU. Retirement plan, pd. insurance, and other fringe benefits. Write Personnel Director, Washoe Medical Center, Reno, Nev.

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REGISTERED NURSES: Staff Duty, PM Shift. Small modern 14 bed hospital. \$375 per mo., social security, 40 hr. wk., \$200 at the end of each yr., plus 2 wks. pd. vacation. Comeca Hospital, Chester, Calif.

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REGISTERED NURSES: For general duty in all services in 230 bed general hospital, CAH, in beautiful resort area. Liberal personnel policies. 40 hr. 5 day wk. Write Director of Personnel, Good Samaritan Hospital, West Palm Beach, Fla.

REGISTERED NURSES: For a 201 bed university hospital. Base salary \$300. Rotating shifts with pay differential, 40 hr. wk. Assistant and head nurse positions also available. Write Director of Nursing, University of Nebraska, College of Medicine, 42nd and Lehigh, Omaha 5, Nebr.

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REGISTERED PROFESSIONAL NURSES: Red Cross Blood Program, good salary, \$4200, regular merit increases, 7 pd. holidays, pd. vacation, liberal sk. lv., group insurance and

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STAFF NURSE: Salary \$319 to \$395. 450 bed, 27 bassinets hospital, good personnel policies, Calif. registration required. Alameda County Personnel Dept., Courthouse, Riverside, Calif.

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STAFF NURSES: 238 bed So. Calif. hospital. Salary Calif. registered nurses starts at \$330. Merit increases. Apply Director of Nursing, Cottage Hosp., Santa Barbara, Calif.

STAFF NURSES: Beginning salary \$310. Good personnel policies. 245 bed general hospital, midway between Yellowstone Park and Denver. Apply Director of Nursing Service, Memorial Hospital, Casper, Wyo.

STAFF POSITIONS: Immediate openings, qualified Public Health Nurses \$5004-6072, Professional Nurses with degree, and Physical Therapists, \$4764-5784. Professional Nurses, \$4536-5508. Practical Nurses, \$3384-4116. Liberal personnel policies, pension plan. For information write Visiting Nurse Service of New York, Dept. G, 107 E. 70 St., New York 21, N. Y. LE 5-1100.

STAFF POSITIONS: All clinical areas including psychiatry, respiratory-rehabilitation center. Beginning salary \$300 monthly, periodic increases, 3 wks. annual vacation. Opportunity for college study, bachelor's degree program. Write Head, Department of Nursing Service, Eugene Talmadge Memorial Hospital, Medical College of Georgia, Augusta, Ga.

STAFF POSITIONS: In in-patient areas and in the operating rooms open at the University Hospital, University of Michigan Medical Center. Dynamic environment of clinical care, teaching & medical res. Starting salary \$344 a mo. Excellent personnel policies. Please write to the Director of Nursing, University Hospital, Ann Arbor, Mich.

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SUPERVISORS: (a) OR Coordinator, 500 bed hsp. average 800 surgeries mo., college town, E. \$7000 (b) OB, OR, brand new hsp. 100 beds, help plan facilities, near Los Angeles, good salaries, commensurate ability; (c) Psych. capable teaching, \$5500 up, M.W. RN 2-8 Burneice Larson The Medical Bureau, 900 N. Michigan Ave., Chicago 11, Ill.

SURGICAL NURSES: Starting salary \$320 mo. Call time extra. Medical Center, Southern Wyoming. Excellent personnel policies. 7 holidays, 2-3 wks. vacation, 12 days sk. lv., pd. in cash if not used. Nurses' Residence available at reasonable rates. Apply Dir. of Nursing, Memorial Hospital, Cheyenne, Wyo. **SURGICAL REGISTERED NURSES-STAFF REGISTERED NURSES:** 240 bed gen. hosp. 40 hr wk, 15 working days, pd vacation, 7 pd holidays, sick lv. Surgery starting base pay \$338. Stand by & call back time extra. Staff

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TRAINING CENTER: Needs three registered nurses. Salary \$300 per mo., 5 day wk., meals free, quarters are optional when available. Write Superintendent R. C. Phillips, St. Land Training Center, Gainesville, Fla.

TWO REGISTERED NURSES: Needed for private girls camp, northern Wisconsin, Aug. 1-Aug. 25. Prefer school nurses who live in St. Louis, Mo. Mrs. Ruth Isserman, Director, 82 Arundel Place, St. Louis 5, Mo.

VETERANS ADMINISTRATION CENTER: Dayton, Ohio, an 820 bed hospital affiliated with Ohio State University offers opportunities for professional nurses in medical, surgical, geriatric and tuberculosis nursing. Monthly salary: \$370 to \$795. Facilities for educational advancement at University of Dayton and Miami University. In-service education program, annual salary increase 30 days vacation, 15 days sick lv, 8 holidays, retirement plan, living quarters available. Full U. S. Citizenship required. Write: Chief Nursing Service, Administration Center, Dayton, Ohio

WANTED: Registered nurses for 85 bed voluntary non-profit hospital in growing community of 11,000. Basic salary \$295 per mo. with increments of \$5 every six months up to 2 1/2 40 hr. wk., 7 pd. holidays, sk. lv. accumulative to 48 days, \$17.50 premium for 3-11 shift, additional for 11-7 shift. Apply Director of Nursing, St. John's Hospital of Red Wing, Minn.

WANTED: Supervisor for a nursing school of seven, doing a generalized public health nursing program. Merit system with retirement program. Salary \$480-\$600 per mo. May start above minimum. Staff nurses in a county health department. Seven on staff. Merit system with retirement plan. Salary \$300-\$400, depending on qualifications plus travel allowance. Write Fred Lee M.D., Director of Health, Peoria County Health Dept., 4614 N. Prospect Rd., Peoria Heights, Ill.

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Rates for POSITIONS AVAILABLE advertisements are as follows:

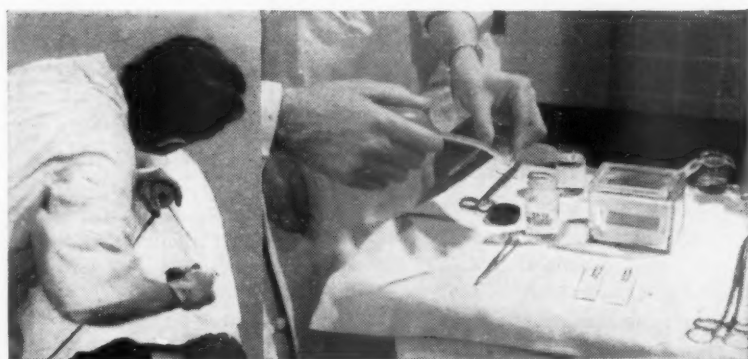
\$10.00 minimum charge for three lines (approximately 20 words), \$3.00 for each additional line (6-7 words).

Closing date is the first of month preceding date of publication.

WAYS TO SAVE MORE LIVES NOW



Cancers of the breast, cervix, and rectum . . . three common and too frequently fatal sites of cancer . . . can often be controlled through early detection and proper treatment. The methods and means are available now. Yet many more cures in these sites could be effected than are now being achieved.



The American Cancer Society, in its broad public education program, emphasizes the importance of an annual health examination for all adults. It also brings to physicians information on the value of regular examination of the breasts, the routine "Pap" smear, and the proctoscopic examination, to save lives from cancer.

An alerted public and medical profession can win a major victory over cancer . . . now.

AMERICAN CANCER SOCIETY 

Convenient and Effective ANTACID



For Patients Away From Home

BiSoDoL Mints afford patients who work or are away from home—easily accessible yet prompt and effective relief from gastric hyperacidity. BiSoDoL Mints soothe irritated mucosa and exert prolonged diminution of gastric acidity without side effects. No risk of constipation, acid rebound or alkalosis. BiSoDoL Mints help restore the normal pH in the stomach. A most convenient, non-systemic antacid. Free from sodium ion.

COMPOSITION:

Magnesium Trisilicate, Calcium Carbonate, Magnesium Hydroxide, Peppermint.



WHITEHALL LABORATORIES, NEW YORK, N. Y.

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Dulcolax[®]
brand of bisacodyl

circumventing the enema

safe, effective contact laxative

Clinical experience has proven that Dulcolax Suppositories are so safe, reliable and effective that their use virtually does away with the need for enemas.

By abolishing routine enema administration, Dulcolax:

1. Saves Valuable Time for the Nurse
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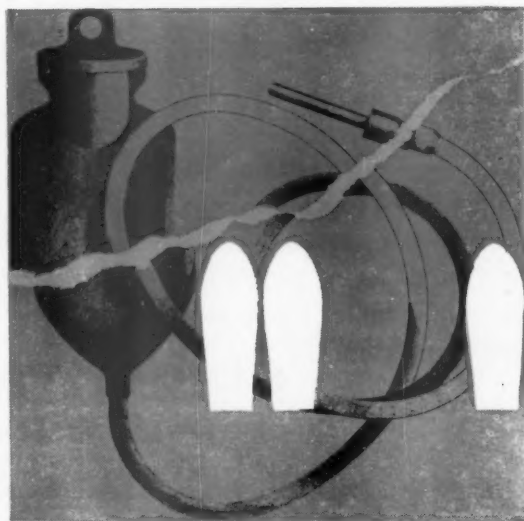
In most instances one Dulcolax suppository results in a single but complete evacuation of soft, formed stool within the hour. In stubborn cases Dulcolax Tablets may be administered in conjunction with the suppositories.

Dulcolax[®], brand of bisacodyl: Yellow enteric-coated tablets of 5 mg. and suppositories of 10 mg. Under license from C. H. Boehringer Sohn, Ingelheim.

Geigy, Ardsley, New York



Geigy



DU150-60

Geigy Pharmaceuticals
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Yonkers, New York

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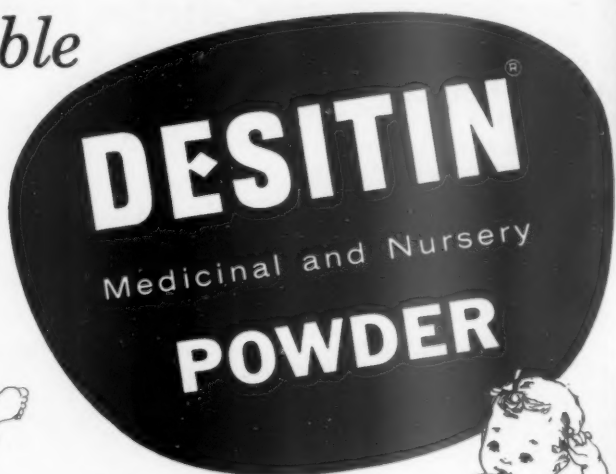
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cooling, healing powder
imaginable*



It's almost like a touch of magic
no other powder has — the tender loving way
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skin smooth, supple... and acts
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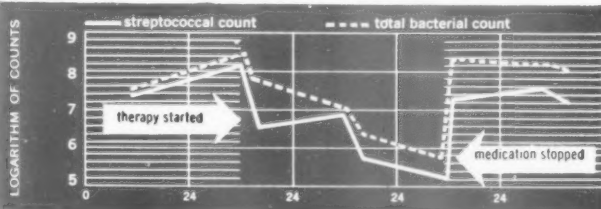
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FOR SORE THROAT

"HIBITANE" LOZENGES

CONTAIN NEW, HIGHLY POTENT ANTIBACTERIAL CHEMICAL AGENT



test shows reduction of oral bacterial flora (including streptococci) to 1% of initial figure

Subjects: volunteers. Therapy: one lozenge every two hours during day (8 A.M. to 10 P.M.). Counts taken at 10 A.M. and 4 P.M.

- Wide antimicrobial spectrum includes penicillin-resistant organisms, as well as many yeasts and fungi
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- Little or no danger of superinfection or resistance
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Dosage: Dissolve a lozenge slowly in the mouth three or four times daily. May be increased as directed.

Supplied: No. 838—packages of 12 lozenges.

Each lozenge contains:

Chlorhexidine dihydrochloride . 5.0 mg.
Benzocaine 2.5 mg.

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